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The Homeless Man on Skid Row

This report is based on research conducted by the National Opinion Research Center in cooperation with the Chicago Community Inventory, both of the University of Chicago. A grant of funds from the Wieboldt Foundation, Chicago, made it possible to meet the requirement of the Housing and Home Finance Agency that one-third of the costs of any demonstration project be paid by the local community which sponsors it.



The project and the publication of this report were made possible through a Demonstration Grant, administered by the Urban Renewal Administration Housing and Home Finance Agency, under provisions of Section 314 of the Housing Act of 1954 in cooperation with the City of Chicago.

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Homeless Man on Skid Row

Prepared by the
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September, 1961

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Preface

A trend toward Central Area Redevelopment has brought increasing attention to the problems of skid row. Most frequently, skid row is located near the Central Business District. The term denotes a neighborhood where there is a concentration of cheap hotels and rooming houses, numerous taverns, employment agencies, missions and cheap restaurants. Above all, skid row is a community of homeless men, most of whom are exceedingly poor and many of whom have acute personal problems.

The size of the skid row population is relatively small. However, because of its location near the Loop, its concentration in one small area, and its particular social and economic problems, it is highly visible. It cannot be ignored. Furthermore, the problem is widespread as well as obvious. The available data indicate that almost all of the 100 largest cities contain an identifiable skid row of at least 500 men.

Few subjects are as challenging to those charged with the renewal and redevelopment of our urban centers as the establishment of programs related to skid row. The conditions to be remedied are more acute, more complex, and beset with more problem situations than in most other neighborhoods. Because a high proportion of the residents are problem citizens they may be expected to react differently to urban renewal processes from "normal" citizens living in private households. Many of the positive factors necessary to accomplish organized community living are lacking. Under these conditions, traditional redevelopment procedures will be completely ineffective here and may accomplish little more than moving the residents of skid row to another area in the city, or scattering them among several neighborhoods that are loath to receive them.

A number of the larger cities, notably New York, Philadelphia, Detroit, Minneapolis, Kansas City, Los Angeles, and Sacramento, have within the past decade instituted redevelopment programs which have impinged upon skid row areas. Special programs, in varying degrees, took into consideration the unique problems which result from such redevelopment programs.

The limited experience gained from cities attempting to implement skid row programs frequently revealed that proposed solutions — put into practice — posed even greater problems. This experience also pointed out the need for current and more precise data on the nature of the area. Much of this study draws upon the experience of these cities as it relates to the unanswered questions.

Despite the numerous problems and the previous unsuccessful experiences, the most significant finding of this study is that the *elimination of skid row is feasible* as well as desirable. Not only can skid row, as a housing area, be abolished but the problems of the individuals can be treated so that a majority of them will not need skid row economically or socially. If the rehabilitation and housing recommendations of this report, formed from the findings on the nature of the homeless men in the area, are carried out effectively no new skid row will develop. Furthermore, if these programs reach the potential skid row resident, there will be no need for skid rows in the future.

The material gathered from Chicago's skid rows has wide applicability. A comparison of population and housing statistics of 45 cities based on the 1950 census, reveals that although Chicago's skid row is larger than the average skid row, it is essentially a typical skid row.

The study was guided by two major factors.

First: Chicago's skid rows have been the object of long, intensive and scholarly research. Classic and definitive work has been done by the University of Chicago and its ancillary bodies, and various people in the fields of health and welfare.

Second: The City of Chicago does not have a formal program for the redevelopment of its skid rows. It does have, in the form of its twenty-year Central Area Plan, a projected action program which includes these areas. This plan is detailed in: Department of City Planning, *Development Plan for the Central Area of Chicago*, August, 1958.

The latter factor is of great importance. Chicago can engage in a comprehensive and long-range strategic approach to skid row rather than a more limited, tactical approach in the face of overriding practical pressures.

Possessed of facilities for research and a skid row complex which had been intensively studied, the City of Chicago embarked on its large-scale investigation in the Autumn of 1956.

In September 1956, a contract was entered between the City of Chicago and the Demonstration Branch of the Urban Renewal Administration, Housing and Home Finance Agency. This study was undertaken as a project under Section 314 of the Housing Act of 1954, supervised by the office of the Housing and Redevelopment Coordinator on behalf of the City of Chicago. Under the terms of the contract, two-thirds of the cost of the project was paid by the Federal Government, and the remaining third by the local community.

A grant of funds from the Wieboldt Foundation, in Chicago, made it possible to meet the contractual requirement by the local community, and the generosity of the Foundation is hereby gratefully acknowledged.

The project itself was formulated by a General Advisory Committee made up of representatives from the public and private agencies concerned with skid row.

The cooperation and participation of the members of the Advisory Committee formed a continuing basis for resources and review which gave the study both form and substance. The project is greatly indebted to this group.

The research phase of the study was carried out by the National Opinion Research Center in cooperation with the Chicago Community Inventory, both of the University of Chicago, under contract with the City of Chicago.

Professor Donald J. Bogue, the senior study director, was particularly qualified to direct this project. With a Ph.D. in Sociology, University of Michigan, he is now on the staff of both the Department of Sociology, University of Chicago and National Opinion Research Center. He has been a consultant to the Bureau of the Census and has published numerous articles on demography, urbanism, and ecology. Under his direction, the research design and methodology were formulated and the operations undertaken. Through the work of Professor Bogue and his staff (Jane Schusky, Assistant Study Director, and Selma Monsky, Director, Field Department — all of the National Opinion Research Center), the largest single body of information on skid row was assembled. To these people, the project recognizes a debt difficult to measure.

The project directors, Professor Philip M. Hauser, Director of the Chicago Community Inventory, and Clyde W. Hart, Director of the National Opinion Research Center at that time, contributed greatly to the success of the study. The project expresses its appreciation for their contributions.

This report is a synthesis of the work of many people, some for whom no acknowledgment is possible. The project staff, Lee Pravatiner, Jack Meltzer, Charlotte Frank, Robert Adams and Gerald Newman, assumed responsibility for the synthesis and the final analysis.

The final product describes the nature of the homeless man, the characteristics of his community, the problems which confront him, and *above all*, points out some basic and effective approaches for remedial action.

During the preparation of this report, more than 400 inquiries were received and serviced by the various participants in the study.

The early phases of the study were compiled into a document entitled, "The Homeless Man on Skid Row." This report was circulated to the study participants in almost 50 cities throughout the United States and Canada, and to many others who requested this document.

The findings of this report were incorporated, with acknowledgment, into the redevelopment programs of such cities as Philadelphia, Detroit, and Minneapolis, and were utilized by other agencies serving the areas of homeless men.

The University of Chicago and National Opinion Research Center continue their interest in skid row. The latter group is completing a second volume on the area, "The Homeless Man on Skid Row: Volume II. Continuation Studies," dealing with the psychological and social forces which play a part in bringing a man to skid row.

Several national groups such as the Joint Committee of the National Association of Housing and Redevelopment Officials and the National Welfare Assembly, and the National Council for Alcoholism have expressed increasing interest in the problems of skid row since the inception of this study.

The achievements in the field and the increased activity of public and private groups do not eradicate the continuing need to study and evaluate skid row. These are just beginnings as is this report.

As the report describes the nature of the homeless man and his environment more precisely than any previous study, it is hoped that it will be a basis for a widespread action program to abolish one of the most obvious and pressing problems of the city today. The report shows that such a program is not only desirable but that it can be successful.

D. E. Mackelmann

Acknowledgments

The project acknowledges its deep debt to the members of the Advisory Committee who formulated, participated in, and reviewed the project and report.

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The Approach

The impetus for this study was a basic concern with the feasibility of skid row clearance and the redevelopment opportunity provided by the choice skid row locations. The areas now contain some of the most deteriorated dwellings in the city and house the lowest social and economic stratum of the population. Living conditions are among the worst to be found in the nation. Infectious diseases, crime and delinquency, mental disorders, alcoholism, and other evidences of personal and social disorganization are more prevalent here than elsewhere. A high proportion of the population consists of elderly men in dire need of housing assistance.

The application for the Demonstration Grant under Section 314 of the Housing Act of 1954, defines the problem and poses the goal for the area — the ultimate elimination of skid row.

Because this type of area does present so many difficulties, because so little is known about the population involved, and because the problems involve health, welfare, police, and other matters, as well as housing, it is evident that the urban renewal programs for these areas (a) must be preceded by comprehensive research, (b) must enlist the active cooperation of several interested municipal agencies, and (c) must be a part of a program that is well-organized and carefully designed to take both remedial and preventive action against the adverse conditions that exist. . . . By mapping out a course of action that enlists the collective effort of health, welfare, philanthropic, police, judicial, and employment facilities, the urban renewal program offers an unparalleled opportunity to make positive progress toward the elimination of this worst section of our society . . .

The first element, the systematic, comprehensive, and well-designed research, conducted through the University of Chicago's National Opinion Research Center and the Chicago Community Inventory, forms the body of this report. Investigations documented the physical condition of the area. Through a carefully chosen random sample, representative of the whole skid row community, 614 interviews were conducted by trained

interviewers with residents of the area. Inquiries were made into the economic situation of the men, their health conditions, pension status, work life, drinking habits and general attitudes. The present welfare activities on skid row were reviewed and evaluated as well.

The cooperation of other agencies was enlisted through the formation of the General Advisory Committee, established to supervise the study. The composition of the Committee reflected the need to integrate a health and welfare approach with housing. The Committee was structured to deal with the subject from the vantage point of planning and welfare. Two subcommittees were created:

a) Redevelopment, to provide adequate living accommodations for both families and non-family persons now in the skid row areas.

b) Prevention, to devise if at all possible, a program which would prevent the recurrence of skid row areas in other parts of the city.

It is with the formulation of a program of remedial and preventive action that the study concludes. The final chapter relates the social, health, welfare, and economic problems of the area to their solutions within a framework which includes the simultaneous upgrading of living conditions for these homeless men. It is in the combined housing-welfare approach that the final answer of rehabilitation and prevention lies. Decent, safe, and sanitary housing alone will not solve some of the more basic and primarily welfare oriented problems of the area. Nor can a skid row program ignore the problems of relocation and rehousing imposed by clearance and redevelopment.

This report reflects, in its presentation, the three necessary approaches needed to solve the critically human problem of skid row. The intensive analysis of the phenomenon provides basic and invaluable data on the nature of the area and its residents. The report then develops techniques for enlisting and coordinating the activities of the various agencies concerned with skid row. Finally, it formulates a tentative program which deals with the unique problems of skid row redevelopment and which, if carefully followed, can cure one of our most terrible conditions.



Signs on North Clark Street (above) advertise inexpensive lodgings, meals and drinks, which are the primary services available on skid row.

Cleared land on West Madison Street (below) is the eventual result of high vacancy rates and the uneconomic use of obsolescent buildings.



Historical Background

General

Skid row is populated almost exclusively by homeless men. The problem of the homeless can be traced back many centuries before the beginning of the industrial revolution. Social concern has been manifested about this problem since, at least, the sixteenth century.

The constant reference to the homeless man as against the “homeless woman”, reflects the negligible number of homeless women residents in skid row.

The homeless man is generally defined as a man who is separated completely from his family, relatives and friends, and who has little or no resources for supporting himself. While historically the homeless man was thought to be a wanderer or vagrant, today he is considered a by-product of the industrial revolution.

An extensive literature exists, dating back to the sixteenth century, on the vagabond, beggar and the community problems relating to the poor. From the years 1524 to 1676 no less than 49 works on the poor and the homeless were published in England alone.

A forerunner of this study was published in London in 1806 by P. Colquhoun, under the comprehensive title of:

A Treatise of Indigence: exhibiting a General View of the National Resources for Productive Labour; with Propositions for Ameliorating the Conditions of the Poor, and Improving the Moral Habits and Increasing the Comforts of the Laboring People, Particularly the Rising Generation: By regulations of Political Economy, calculated to Prevent Poverty from descending into Indigence, to Produce Sobriety and Industry, to Reduce the Parochial Rates of the Kingdom, and Generally to Promote the Happiness and Security of the Community at large, by the Diminution of Moral and Penal Offenses and the future Prevention of Crimes.

(The following section draws heavily upon H. Warren Dunham, *Homeless Men and Their Habits*, Wayne University.)

Although Colquhoun's reasons for the existence of indigence, “vicious and immoral habits,” are unacceptable to the contemporary social scientist, he was concerned with questions which are still being raised today.

Colquhoun estimated that in 1806 there were 80,000 paupers, mendicants, vagrants, idle and immoral persons in England and Wales. A number of other reports followed his work, including a paper published in 1862 by P. Mayhew entitled, *London Labour and the London Poor*. This work was perhaps the most famous scientific statement on this subject in the nineteenth century, and included statistical material and case studies.

Mayhew's encyclopedic account develops a classification of workers and non-workers which might be applied usefully to homeless men of our time. His categories are: “those that will work,” “those who cannot work,” and “those who will not work.”

As Professor Dunham succinctly notes, the various attempts to examine the problem of homelessness, from the very earliest times until the end of the nineteenth century, were couched in terms of specific character traits with specific moral connotations. (Today, we have returned to dealing with the subject in specific trait forms, although without the moral connotations.) Dunham explains, that to Mayhew, the logic was inescapable: “those who cannot work” have physical and intellectual defects; “those who will not work” have moral defects.

The stereotyping of the homeless man as a vagrant, a ne'er-do-well, or as a person possessing a “moral defect” persists even today. This view led to the attempt to control the problem of the homeless man by suppression.

Arrests and jail sentences (in very early days even the death sentence) were instituted in an effort to suppress homelessness and vagrancy. The “travel ticket” by which a vagrant or beggar was pushed out of one parish into the next was the next technique used to deal with the problem.

Suppression was popular until the middle of the nineteenth century (and to this day some smaller American communities still employ the policy of "running the beggar out of town"), until it was recognized that arrest and punishment were no solution to the problem of vagrants.

By mid-nineteenth century the ebb and flow of the homeless was related to the business cycle. It became clear that the labor needs of the productive machine, even though greatly expanding, were not constant. Periods of high productivity saw an increase in the number of homeless men at industrial and manufacturing centers. Periods of economic decline saw the proliferation of problems and indigency among this group and its migration from centers of higher job opportunities.

Homelessness now was considered the result of certain character deficiencies, and programs for individual treatment and reform were instituted. First developed by the religious agencies, these programs were later supplemented by the more secular approach of the social welfare agencies. Even in early nineteenth century England, shelters and night refuge places offered sustenance (generally coupled with religious sermons) to the homeless.

The shelter program idea reached the United States and the first Municipal Lodging House was opened in New York in the beginning of the twentieth century. The program of shelters was criticized for aiding and abetting dependency, and consequently enabling the weaker and more unfit members of society to survive. However, by the 1920's the shelter program was widely established in the United States, usually under the auspices of religious agencies.

The end of World War I saw an increase in the number of homeless men and the growth of homeless men's areas. It also saw the pattern of care by religious agencies extended to include the techniques of the social welfare agency and the caseworker.

Implicit in this program of individual treatment was the assumption that the homeless men suffered from some mental, emotional or physical defect, and that once the type of defect was made clear, it would respond to appropriate treatment.

The depression of the 1930's caused an increase in the number of homeless men and stimulated a third policy. This was the policy of giving mass relief to the growing number of homeless and destitute men.

The number of men was so large during the depression years, and the difficulty in classifying them so great, that only provisions for a low level of shelter and sustenance could be provided.

Programs of mass care were supplemented by work relief programs and by governmentally created jobs which provided some employment for those who would and could work.

During the 1940's rising economic prosperity gradually reduced the number of homeless men and the Federal government withdrew its assistance from these mass programs. The care of the homeless reverted to the local communities.

Chicago

Chicago's skid row is composed of three major areas which, like spokes of a wheel, radiate outwards from the Central Business District. (See Map 1) Chicago's system of streets is laid out in a grid pattern numbered north and south from Madison Street and east and west from State Street. These two baseline streets intersect the Loop, the heart of the Central Business District.

The Central Business District is bounded generally on the east by the parks and recreation areas on the lakefront of Lake Michigan, and to the north and the west by the Chicago River and its South Branch.

West Madison Street is the oldest and largest of these complexes. The basic skid row area extends westward from Canal Street (600 west) on the west bank of the South Branch of the Chicago River, to Ashland Avenue (1600 west). It is roughly one block deep to the north, at Washington Street, and one block deep to the south, at Monroe Street.

North Clark Street extends from the north bank of the Chicago river to Chicago Avenue (800 north) and is one block wide to the east, to Dearborn Street, and one block wide to the west, to LaSalle Street.

South State Street begins at Van Buren Street (400 south) and extends to Roosevelt Road, or Twelfth Street (1200 south). It flanks State Street to a depth of one block on each side, to Wabash on the east, and Plymouth Court on the west.

Contiguous to the South State Street complex is a related area, an out-pouching roughly one block deep, running along Van Buren Street until Clark Street. On Clark, the skid row extends along both sides of the street, two blocks south until Harrison Street.

These three areas form the major locales of Chicago's homeless men. It is in these areas that the distinguishing characteristics of skid row are found: the profusion of "birdcage" hotels, taverns, cafeterias, barber colleges, second-hand clothing and furniture stores, missions and employment offices.

The areas in which Chicago's skid rows are situated are among the oldest in the city. Located on the banks of the river (where the first port and harbor facilities were situated) and where the railroad yards developed as the city became the nation's largest railroad center, these areas were the natural rendezvous for the seamen and railroad workers.

Situated in the heartland of the United States and on one of the Great Lakes, Chicago became a central transfer point early in its history. Here, seamen made their haven, especially in the winter when this fresh-

water port was closed by ice. The railroads, growing westward from the city, demanded considerable labor to lay and maintain the railroad tracks. These railroads led northward to the lumbering territory, where there were seasonally large demands for labor. In the off-season, this temporary excess of manpower could return to find other employment.

From the great plains and prairie states came drovers, driving their cattle to the market, and migrant farm laborers following the harvest. Chicago was a stopping-off place during the winter.

The early years, before mechanical refrigeration, demanded manpower for ice-harvesting in the many lakes in this area.

As a transportation center, Chicago formed the hub through which passed thousands of migrant laborers (harvesters, lumberjacks, ice-harvesters, fruit-pickers) as they beat their way across the country with the seasons. Also, Chicago needed casual labor to load and unload freight cars, barges, and later trucks.

The growth of the city as an industrial and manufacturing center accentuated the need for brawn, often on short notice and for limited periods of time. In the early stages of Chicago's development many of these factories also were located near the river and the railroads.

From a community composed primarily of working men engaged in casual or seasonal labor, the areas around the river and the railroads expanded as new elements were added. Based more and more on a low-scale economy, the skid row areas evolved into enclaves primarily serving men of limited means. The cheap lodging houses and eating places were almost the only places available to the hobo, the tramp, the down-and-outer.

Larger numbers of immigrant men, lacking skills and command of the English language, or unable to accommodate themselves to the new and strange culture, gravitated to these areas. Here, little was demanded. Opportunities existed for low-grade labor and living was relatively inexpensive.

The early days of these areas reflected the needs of unattached men — men who sojourned between jobs, and passed through the city. Saloons flourished, as did bawdy houses and gambling halls. Cheap lodging houses proliferated in order to meet the rising demand for sleeping spaces. These were downgraded as the number of men with little ability to pay for these accommodations increased.

Lofts and warehouses were converted into sleeping accommodations which ranged from tiny cubicles (the birdcages), to dormitories, to only a space on the bare floor for a nickel-a-night.

Missions, operated by religious organizations, arose to help the homeless men by providing religious

messages and modest sleeping accommodations or meals. Toward the end of the nineteenth century and the first decade of the twentieth century, a municipally operated shelter and shelters operated by secular agencies were established.

Skid row, especially West Madison Street, became known as the "slave market." Numerous labor offices arose to fill the heavy demand for casual labor.

Early estimates of the population of Chicago's skid rows indicated that the number of homeless men ranged from 30,000 in good times, to as many as 75,000 in hard times. About one-third were permanent residents of the city — the home guard.

One of the first comprehensive analyses of Chicago's skid row, Alice W. Solenberger's *One Thousand Homeless Men*, published in 1911, estimated that 40,000 to 60,000 men lived in Chicago's skid rows. According to this study, this number increased at election time and when the "word went out" that free food and lodgings were available to the unemployed.

Mrs. Solenberger stated that during 1907-1908, the number of men served by the Municipal Lodging House and its annexes was almost 80,000.

Following the wake of World War I, the skid row population was about 25,000 to 30,000 according to Nels Anderson's classic study, *The Hobo*, published in 1923. Anderson also estimated that a like number lived on the docks, in parks, in engine houses, or in "flop houses" elsewhere in the city.

Chicago was then the greatest labor exchange for migratory workers in the world. Probably no other city furnished more men for railroad work and it was common to see large gangs of men shipped from 400 to 1,000 miles away to work as "gandy dancers," or track-laborers.

More than 200 private employment agencies operated in Chicago in August 1922, 39 of which operated in the skid rows.

During this same period, there were twenty-five missions in the homeless men's areas which can be classified as follows: the permanently established local mission; the migratory national mission; and the local missions which sprang up during crises and periods of unemployment. There also were established religious centers of the Salvation Army and the Volunteers of America.

The Chicago Municipal Lodging House opened during the winter of 1901 and provided free food and shelter for destitute homeless men. In 1907, it provided 23,672 lodgings, 103,564 in 1908, 78,392 in 1913, and 452,361 in 1914.

The tremendous shift in the needs of skid row is emphasized by the fact that only four years later, in 1918-1919, the Municipal Lodging House closed its doors. The lack of applicants was caused by wartime prosperity.



South State Street is the locus of the second-largest skid row complex in Chicago. Within this one-half block is an amazing diversity of hotels, taverns, cafeterias, pawn shops, missions and places of entertainment.

The third decade of the century saw a steady increase in the population of Chicago's skid row and the 1930's brought with them a veritable flood of the homeless and destitute.

In 1936, Edwin H. Sutherland and Harvey J. Locke, of the Sociology Department of Indiana University, published their study, *Twenty-Thousand Homeless Men*, an analysis of the shelter program on Chicago's skid rows. During those years, twenty municipal shelters operated in skid row. From 1931 to 1935, more than 100,000 men passed through these shelters, most of them unemployed casual and low skilled laborers. However, the study estimated that about 40 percent of the men in the shelters were "stiffs," men who had lived on the skid rows for a relatively long period of time.

In classifying the men for admittance to the shelters, examinations of the background of these shelter men revealed that most of them had come from low standard rural homes, had inadequate schooling, were unskilled laborers, and were isolated from normal personal and group contacts.

The booming economy of the pre-World War II, wartime and post-war years brought the greatest reduction in the number of skid row inhabitants.

The current estimate of homeless men on Chicago's skid row is 12,500 to 13,000. (The survey focused primarily upon hotel dwellers and made a systematic

effort to encompass every rooming house *only* in the West Madison and South State Street Area. The survey placed the skid row population at 11,926. This count is an underestimate, however, as there are probably as many as 600 to 1,000 homeless men living in rooming houses elsewhere in the city under skid row conditions.)

A summary of the available historical data seems to indicate that:

1. Skid row areas in this country are historically related to locales which make great demands for an unskilled and casual labor pool.

2. Technological advancements have reduced the demand for unskilled labor, and the number of homeless men is shrinking visibly. While the population of Chicago almost doubled from 1910 to 1958, the skid row population was only 25 percent of its 1910 size.

3. Although the skid rows contain an appreciable number of homeless men in search of a low skill labor market, a growing number of the residents are there primarily for the low scale economy of the area.

4. A rising incidence of "skid rowers" demonstrates personal and health needs and problems which cause them either to be rejected by society or unable to compete in its economy.

5. Any effective program designed to cope with skid row, must take into consideration *both* the factors dealing with welfare and with housing.

Functions of Skid Row and The Type of Men Who Live There

Skid row does not serve a “type” of person as is commonly supposed. Rather it consists of several different types and each type has a different combination of reasons for living there.

The first stage of the field study consisted of interviewing a selected list of 161 resource persons (87 in Chicago and 74 in other cities) who have had extensive first-hand experience with homeless men and the problems of skid row. Each expert was asked about the main types of men found in homeless men areas and the reasons these men live there.

As a result of the interviews, the residents of skid row were divided into six major classes. The men classified in the first five groups may drink but are not chronic alcoholics as defined in class 6 below.

1. **Elderly or physically disabled men**—unable to work or retired; living on pensions, public assistance or private aid.
2. **Semi settled or settled working men**—employed or not employed but seeking work. Such men usually work at unskilled or low-paying jobs and are permanent residents of the area although they may frequently move from one hotel or rooming house to another.
3. **Migratory workers**—seasonal or temporary workers on railroad gangs, farm harvest laborers, or other migratory workers who come to the city between jobs, to spend the winter, or to get a temporary job before moving on to another place.
- 4a. **Transient “bums”**—men who just wander from one place to another and make their living by begging and seeking help from charitable organizations in preference to work. They stay in town for only a short time before moving on.
- 4b. **Resident “bums”**—semi-settled or settled panhandlers or other shiftless men who are physically able but choose not to work.
5. **Criminals and men engaged in illegal enterprises**—professional thieves, gamblers and confidence men.

6. **Chronic Alcoholics**—men who have passed beyond the excessive drinking stage and who cannot control their drinking enough to hold a job or care for themselves. These men are arrested repeatedly for drunkenness or disorderly conduct. This group may be further divided into three sub-groups.

- a. *Physically rehabilitable alcoholics with no mental illness nor major physical handicaps that would prevent working.*
- b. *Physically rehabilitable alcoholics, mentally ill*—without major physical handicaps or poor health that would prevent working, but with symptoms of mental illness.
- c. *Chronic alcoholics—unable to work*—elderly or physically disabled men including derelicts with irreparable alcoholic and mental deterioration.

What forces bring each of the six major types of men listed above to live in skid row areas? Skid row has four major functions. It provides:

1. the city's lowest cost of living area.
2. the labor market for unskilled and semi-skilled workers.
3. a locus of welfare activities.
4. anonymity, tolerance and companionship.

Each of these functions serves to varying degrees the men residing on skid row. Each function and the groups of men it serves are described below.

The needs which perpetuate skid row today can be alleviated. It is precisely the program of rehabilitation with which this study concludes that will treat problems of poverty, employment and social maladjustment. With such assistance as will be offered, no man need enter skid row because of necessity and few men will enter through choice.

Low Cost of Living

Each of the major classes of homeless men described above choose to live in skid row because, among other reasons, it provides them with the necessities of living at a minimum expense.

The homeless person with a small, inadequate income finds it difficult to make ends meet in any neighborhood other than skid row. This applies especially to elderly pensioners with minimum pension benefits from Social Security or private industry.

Skid row provides economies other than food and lodging. The low-income homeless man on skid row can spend less of his allotment for clothing, laundry, and dry cleaning without feeling embarrassed whereas he would appear conspicuous in an average neighborhood dressed in his everyday skid row attire.

Many men living on skid rows are heavy drinkers and can maximize their drinking by living where food and lodging costs are at a minimum, where cheap liquor is readily available and where they can live from week to week, day-to-day or even meal-to-meal. They seldom hold a job for more than a few days because of failure to report, or drinking on the job. For many, skid row is the only place where they can support themselves and still continue to drink.

Welfare and social agencies are forced to send older and disabled men to skid rows. The agencies work on very limited budgets, and requests for their services often exceed the amounts available for aid. When deserving men apply for emergency aid there is no alternative but to house and feed them in the cheapest possible place—on skid row. By giving each applicant enough money to spend the night in a cubicle hotel and to eat in a skid row restaurant, a charitable organization can provide assistance for approximately twice as many men than if it were to seek other accommodations. Faced with the choice of serving only half their clients well or of serving almost all at a minimum level, they take the latter course. The public agencies are limited also by maximum ceilings, imposed by law, on individual welfare grants.

Labor Market of Unskilled and Semi-Skilled Workers

Skid row is the pool of unskilled labor. West Madison Street and vicinity are centers for hiring men for jobs as laborers and spot job workers. The railroad employment offices here hire the "gandy dancers" who will be shipped out to work on railroad maintenance crews. On South State Street men are hired for freight handling, restaurants, and other laborer jobs. Spot jobs are available and the man who is in need of money can work for one day and get paid at the end of that day.

Skid row is also the employment center for migratory workers. Employment offices in the area will hire men for jobs all over the country. Since railroad, construction, agricultural and other work is seasonal, the number of migratory workers arriving on skid row fluctuates. In the late winter and early spring, they arrive in great numbers.

Skid row is also important to the migratory workers for word of mouth job information. By conversing with other migrants they can get information regarding employment opportunities, rates of pay, and working conditions. If a man does not have a job and is not hired by one of the local agencies, this information directs his next move.

Although skid row men are utilized as low paid casual laborers, skid row's economic function in terms of the general economy is relatively minor and unmistakably non-essential. The entire skid row labor force, if it disappeared, would not create any appreciable hardships to the economy.

Locus of Welfare Activities

In the vicinity of skid row are many welfare services with staffs which serve the homeless man, such as the Public Welfare Department, the Salvation Army, Cook County Hospital and other medical clinics, Alcoholics Anonymous and several missions.

Many of the older men reside on skid row because of the proximity of services. They often frequent the skid row missions for a free meal and bed. The missions are aware that the men attend services solely to get a meal or a bed, and that some will pretend conversion to obtain preferential treatment. Nevertheless, they tolerate this because they are helping those in need. Mission activity performs a useful public service by controlling the alcoholic professional beggar. Also, residents concentrated are in one area so that police surveillance is made easier.

Many of the homeless men become semi-permanent beneficiaries of charity by staying in the State long enough to qualify as residents according to law, to obtain relief.

Some of the alcoholics came to skid row to control their drinking through the programs offered by the missions and the Salvation Army. Some Alcoholics Anonymous chapters meet around skid row. Such persons usually do not live the life of skid row, but are more or less secluded in one of the missions.

The itinerant worker, arriving in Chicago, is often in urgent need of the skid row services, thus reinforcing the area as a port of entry. The migrant worker is viewed with suspicion in any other community, but on skid row his needs are understood and help is offered.

Anonymity, Tolerance and Companionship

Residents of the skid row areas do not ask questions of fellow residents and do not talk much to suspected intruders. Skid row provides a very good place for the petty criminal to hide from the police. Unless there is an all out effort to apprehend him, he can usually lose himself in the anonymity of skid row. Skid row has no "moral sense" nor organization of citizens who resist the infiltration of crime. It provides a suitable location for criminal operations with the operators living in

other areas. The control of crime is entirely a matter of police enforcement. In view of this situation, it is surprising that the estimated criminal population of the area is not larger.

Some residents settled here to escape from social situations which they found intolerable. This is true of a proportion of the workingmen and alcoholics who seek the anonymity of skid row.

Some are social outcasts, and anti-social rebels who challenge the organization and authority of the accepted social institutions. They feel at home in no other place. Here, with others like themselves, they condemn the society that ceased to tolerate them. Skid row tolerates and accepts individuals regardless of their backgrounds.

For the various types of homeless men, Chicago's skid row has a national reputation for being the place to stay when in Chicago. The migrant worker will be received with friendliness and tolerance and can find companionship. An older man finds others with similar problems. A very large proportion of the older men on skid row are unskilled workers or semi-skilled operatives. Living in a normal community, they are often ignored and isolated by the younger generation around them.

Skid row alcoholics "look out" for each other, and form friendships and mutual assistance undertakings in which they pool their resources. When one has money, food, or liquor, he shares it with his "buddies" and he, in turn, is cared for when he is in need. Partners in these groups will share a bottle with other members who have none and will protect those who are drunk from arrest or from the jackroller. From his "buddies," the alcoholic receives the sympathy and understanding that no other group offers him.

Skid row men form the same type of mutual assistance groups. Although bums occupy one of the lowest positions in the skid row hierarchy, they are at least accepted, while no other community will tolerate their presence.

Despite the advantages of anonymity and companionship, the study revealed (see Chapter 12) that most men do not like living on skid row and do not like the other men on skid row.

The existence of skid row is not a necessity. Its eradication is desirable. The function of skid row as a labor market is not as important as in previous years, most men are not happy on skid row. If the proposed rehabilitation program is instituted effectively, poverty, the factors which produce this poverty, and the personality disorders of the men can be treated. Skid row will not be needed as a locus of welfare activities, the center of low scale economy, nor as a haven for escape.



Men on skid row during summertime have much leisure but little money to spend for commercial entertainment. They pass the time sitting along the sidewalks and alleys, sometimes talking to their neighbors but more often waiting in solitude.



Geography of Skid Row

Land Use and Structure Analysis

Chicago's three skid row complexes are immediately adjacent to the Central Business District and radiate outward along major arterial streets for from six to ten blocks. Any point in these skid rows is, therefore, no more than ten minutes from the Loop by public transportation.

The defined areas have a composite land coverage of 315.5 acres, 59 per cent of which is located in the West Madison Street complex.

The gross land coverage in the skid rows is distributed as follows:

West Madison Street.....	185.9 acres
South State Street.....	70.0 acres
North Clark Street.....	59.6 acres

Since the three skid row complexes are located on the periphery of the downtown business district, and since practically every thoroughfare in these areas is a major traffic artery feeding into the Loop, a large proportion of the land is dedicated to streets and alleys. Almost 44 per cent of the total acreage consists of streets, alleys, and service corridors which provide access to the heavy concentration of commercial and industrial activity in these areas. (See Maps 12, 13, 14)

In all three complexes the predominant land uses are non-residential accounting for 67.3 per cent of the composite net acreage. The highest percentage of non-residential uses is found in the South State Street complex (82.7 per cent) and the lowest (55.1 per cent) on North Clark Street. West Madison Street ranges in between with 65.6 per cent non-residential land use. The largest proportion of the non-residential acreage is devoted to commercial use: 31 per cent of the net land areas, as compared with 22 per cent for industrial use.

The respective percentages of non-residential land use for the three complexes are as follows:

	Industrial	Commercial
West Madison Street.....	21	30
North Clark Street.....	17	24
South State Street.....	28	39

Approximately 31 acres, or 17.5 per cent of the net acreage of the three complexes consists of unimproved vacant land, vacant and abandoned structures, and surface parking areas. Two-thirds of this (21 acres or 12 per cent of the net land area) is currently being utilized for non-residential off-street parking. These figures are approximately the same for the three skid rows.

Of the net composite acreage of the three complexes, approximately one-third is devoted to residential and related uses. Seven per cent is devoted exclusively to dwelling units, 17 per cent to mixed residential use, 5 per cent to public and institutional uses, and 3 per cent to vacant residential (including the previous composite figures for vacant land.) The figures for the respective areas are:

Residential Land Uses — Per Cent of Net Area			
	Dwellings Only	Mixed Uses	Public and Inst.
West Madison Street.....	7	20	4.4
North Clark Street.....	14	18	10.0
South State Street.....	2	10	3.5
Total — all areas	7	17	5.0

(For more complete figures on land use, see Table I in the Appendix.)

Skid Row Related Uses

Only about 40 per cent of the net acreage of the three skid row complexes is devoted to uses related to the needs and habits of skid row residents. These consist primarily of hotels, restaurants and taverns. Conversely, 60 per cent of the net acreage is devoted to uses *not* related to skid row inhabitants.

Of the related uses, there are 157 taverns and night clubs within the 82 blocks of the three complexes. Although this is an average of two taverns for every block, the actual distribution shows concentrations of 5, 6 or 7 taverns on a large number of blocks. (See Maps 18, 19, 20)

There are a total of 112 restaurants and cafeterias in the three complexes, with as many as six on any given block. (See Maps 18, 19, 20) While the vast majority of these establishments are definitely of the "skid row" type, there are 10 or 12 better restaurants which cater to employees of nearby offices and industries as well as local residents.

The bulk of the area's residents are housed in 117 hotels, missions and rooming houses which have an aggregate capacity of 14,438 and an average occupancy of about 12,000 persons. Approximately 68 per cent of this capacity is to be found in 38 cubicle-type, or "cage" hotels.

Whereas the bulk of the sleeping-room hotels were constructed prior to 1900, almost half of the cubicle hotel capacity was built after 1900, with fully one-fourth (2,538 beds) recorded as having been established in the ten-year periods from 1920 to 1929. (See Table III in the Appendix.)

About two-thirds of the total bed capacity is located in the 41 blocks comprising the West Madison Street complex. Even in this complex the distribution is clustered. Fifty-five per cent of the Madison Street capacity is located in six blocks, 88 per cent in 12 blocks, and 98 per cent in 16 blocks. (See Map 15)

Living Accommodations and Conditions

Living conditions in almost all skid rows are sub-standard by the definitions used by housing analysts. For example, in terms of the number of square feet of living space, the cubicle offers less than any other type of housing in the city.

There are three major types of living quarters available to homeless men on skid row: cubicles, dormitories and single rooms (either in hotels or lodging houses). Because the cubicle is a unique phenomenon of skid row neighborhoods, it requires further description. The partitions between cubicles are made of thin fire resistant materials—plasterboard ($\frac{1}{4}$ inch or $\frac{3}{8}$ inch) or corrugated metal. The bed consists of an army cot with a thin cotton mattress, two sheets and a blanket. The only other furniture is a chair or a stool and sometimes a metal locker into which clothes may be placed (the locker is sometimes replaced by hooks on the door). A bare 15-watt bulb, suspended at the height of the chicken wire netting, provides illumination. Each cubicle has a wooden door with a lock. With so much open space at top and bottom and with the thin plasterboard partitions, the cubicles are usually both noisy and odoriferous. Some hotels make a conscientious effort to minimize the inconveniences of cubicle life by refusing to rent rooms to men known to be heavy drinkers or trouble makers. Hotels with a more lax policy are known as "wino joints." Two or three of the very quietest cubicle-hotels probably are no more disorderly on Saturday night than the average hotel in Chicago's Loop.

Exclusive of beds available in missions and rooming houses, there are almost 12,000 cubicles and rooms intended for use by residents of skid row. The hotels house about 92 per cent of the men who purchase lodging from commercial lodging places. Eight of the large cubicle hotels are located on West Madison Street, four on South State, and one in the South Clark—Van Buren area. The facilities of North Clark consist almost entirely of hotels with rooms and rooming houses, while South Clark—Van Buren offers only cubicles. In the winter of 1957-58 an average of one cubicle in five was vacant, and one hotel room in twelve was empty. The vacancy rates on South State Street were extraordinarily high for all types of housing. On West Madison Street, the highest vacancy rates occurred in the medium-sized and small cubicle hotels, while on South State Street the larger places had the highest vacancy rates. (See Table IV in the Appendix.) From these figures on vacancy, the following inferences can be made:

a.) The supply of skid row housing is quantitatively adequate to meet present needs. In fact not less than six to perhaps ten or twelve of the oldest, least fire-resistant, and most poorly maintained flophouses could be purchased and razed without creating a housing shortage.

b.) Owners and operators of hotels must compete with each other for business, therefore creating a buyer's market. The men patronize those places that "give them the most for their money." In such a climate, hotel owners might be more willing to make improvements and provide more facilities. The vacancy rate, providing the pressure to compete, could be kept constant if demolition and relocation proceed at the same speed.

c.) The position of South State Street as a skid row economic center seems to be declining since there is an extremely high vacancy rate in this area.

In all areas, hotels with rooms have lower vacancy rates than cubicle type hotels. However, on West Madison Street, a few of the largest cubicle hotels have extremely low vacancy rates.

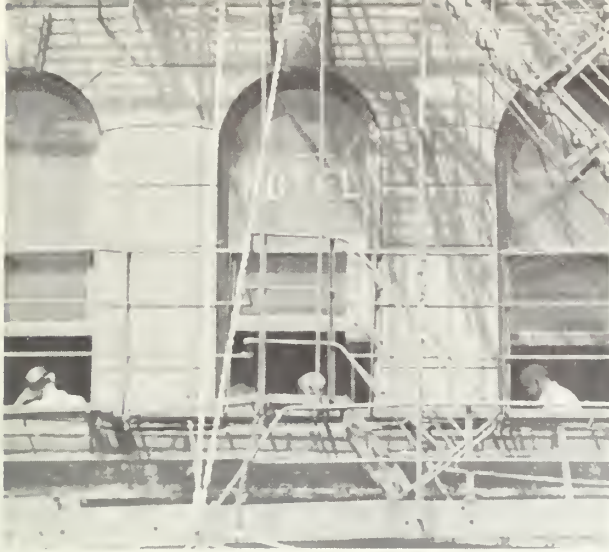
Physical Condition of Hotels and Rooming Houses

Information concerning the physical condition of hotels and rooming houses on Chicago's skid row was obtained from the records of official inspections made by the Fire Prevention Bureau of the Chicago Fire Department in the winter of 1955 and Chicago's Department of Buildings in the spring of 1956 and fall of 1957. More than two-thirds (69 per cent) of the hotels did not have sufficient plumbing facilities to meet the requirements of the Building Code. The Building Code of the City requires one toilet and one shower or both in cubicle-type hotels for each 20 residents, and more than 90 per cent of the larger cubicle



The most obvious features of skid row are the homeless men and the many taverns, hotels, cafeterias and missions which serve them. Despite the high visibility of establishments catering to homeless men, only a minor portion of the land and buildings on skid row are devoted to the use of the inhabitants.





Long-term residents often can get cubicles having a window. Then they may have some relief from the summer heat and odors.

hotels were unable to meet this requirement. With respect to cleanliness and operating condition, it was found that in more than 25 per cent of the large and medium size cubicle hotels the plumbing fixtures were not in good operating condition. In general, the situation with respect to plumbing was considerably poorer in the cubicle hotels than in the hotels with rooms. (Tables V-IX)

Evidence of rats was found in two hotels and evidence of vermin in ten hotels. Almost all of this was to be found in the small hotels with rooms. Only one cubicle-type hotel was cited for vermin, since most of these hotels have routine procedures for controlling such pests.

Thirty-two hotels (20 per cent) in skid row areas were found to have no inadequate building conditions as defined by the Department of Buildings, while an additional thirty-five (22 per cent) were found to have only one inadequate condition. Forty per cent of the hotels had three or more deficiencies, and 13 per cent had five deficiencies or more.

In summary, hotels with rooms tend to be concentrated at the two extremes of being either very good (large numbers having no building deficiencies or only one deficiency) or of being extraordinarily poor (having large numbers of deficiencies). The cubicle hotels tend to occupy an intermediate position with a large proportion having one or two deficiencies, with a disproportionately large number of the smaller cubicle hotels having three or four deficiencies. A rough ranking of the various types of housing according to conformity with the building code can be made as follows:

- Hotels with rooms (good management)
- Large and medium size cubicle hotels
- Small cubicle hotels
- Hotels with rooms (poor management)

Fire Protection Deficiencies

Skid row hotels had many more fire prevention deficiencies than building condition deficiencies. A large proportion of structures had five to over 15 fire prevention deficiencies.

The structures having the greatest number were the small cubicle hotels and the hotels with rooms. The most serious fire prevention deficiencies cited were, as derived from Table VIII in descending order of prevalence:

	Per Cent of Hotels
Lack of a sprinkler or standpipe system..	86.7
Hotel stairways not enclosed with fire resistant material	60.7
Hotel personnel not organized to fight fire	55.1
Hotel has no fire alarm system.....	36.7
Hotel has no fire prevention program....	29.1
Floors not systematically patrolled at night	20.9
Flammable liquid improperly stored in the premises	14.6
No emergency lighting system.....	14.6
Hotel has no fire warnings or instructions for guests	13.3
Exit doors do not swing outward.....	12.0
Good housekeeping conditions do not prevail	9.5
Fire extinguishers not recharged last 12 months	8.2
Hotel personnel ignorant of how to report fire via alarm box.....	7.0
Obstructions blocking entrance to fire escapes	7.0
Fire escapes not in good condition.....	5.1
Fire extinguishers not properly tagged...	5.1
Doors to stairways not properly equipped with self-closing devices.....	5.1
Electric wiring does not conform to city's standards	5.1
No crash or glass panels in doors leading to fire escape.....	4.4
Insufficient ash trays.....	2.5
Doors to exit do not have illuminated signs	1.3

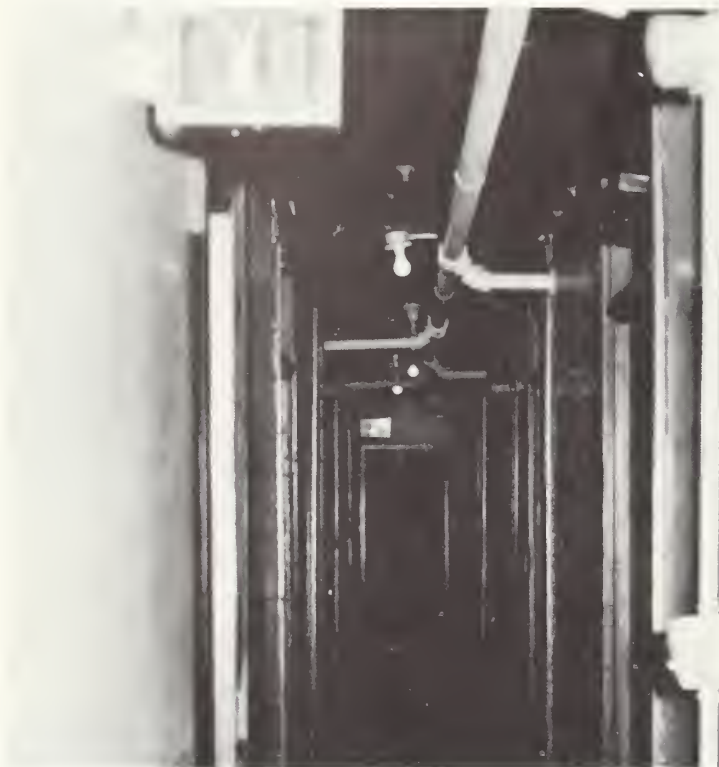
When examining this data, it must be remembered that the building inspections were dated 1956-57 and the fire prevention program was tabulated in 1955. Some of these deficiencies have been corrected (see Chapters XIV and XV).

Total Inadequacies

The results of the inspection for building deficiencies were combined with those for fire prevention deficiencies. Only four structures housing sixty-six homeless men had no deficiencies of any kind. At the other extreme, seventeen structures had fifteen different deficiencies or more. All of these establishments were hotels with rooms. Together they housed 3.5 per cent

of all homeless men. An additional thirty-two structures, housing 17 per cent of the homeless men, have between ten and fourteen building and fire prevention deficiencies combined. Three of this second group were cubicle hotels, two of them were large and one was medium sized.

The greatest concentration of multiple deficiencies were found in the small cubicle hotels (those containing less than 200 sleeping units) and the hotels with rooms but no class of hotel was exempt from having numerous deficiencies.



(Left) A corridor in a skid row hotel is long, narrow and dimly lighted. The exposed pipes, exposed electrical conduit and the unshaded light bulbs characterize old buildings which have been converted to skid row residences.



(Below) An elderly occupant of a new low-cost residence having single rooms. This building was built as an experiment by a mission in Minneapolis. Each resident has his own room for a cost of \$1 a day.

Characteristics of The Residents of Chicago's Skid Rows

A knowledge of the nature of the skid row resident is a prerequisite to dealing with his problems. He obviously is not a typical citizen as evidenced by the numerous observations which have been made throughout the years. Exploding several popular beliefs, the following material describes Chicago's homeless men and compares them to the general population. It is based on a sample survey made between December 22, 1957 and April 1, 1958. A total of 614 men were interviewed by carefully selected and trained interviewers. Men to be interviewed were selected by random sampling to give results that would represent an unbiased cross-section of Chicago's skid row.

Chicago's skid rows contain the following number of men:

	Number of Men	Per Cent of Total
Total	11,926	100.0
West Madison Street.....	7,525	63.1
North Clark Street.....	691	5.8
South State Street.....	1,687	14.1
South Clark and Van Buren..	1,223	10.3
Other areas, jails, hospitals, and sleeping out.....	800	6.7

Key characteristics of skid row residents as compared to the general population of Chicago are: (Based on 1950 census data.)

	Per Cent of Skid Row	Total City
Male	96.3	49.1
White	88.9	86.2
Native Born	72.7	70.9
Single, Separated, Divorced or Widowed	85.4	35.9
Modal Age	45-64 yrs.	20-44 yrs.
Modal Years of School Com- pleted	8 yrs. or less	8 yrs. or less
Unemployed or not in Labor		
Force	52.7	21.7
Unemployment Rate	35.2	4.2
Under \$3,000 income.....	91.8	51.6

(For more complete statistics on all characteristics, see Appendix Table X.)

Age

The residents of skid row are, on the average, considerably older than adults in the general population. The heaviest concentration is in the 45 to 59 age group. About 66 per cent of the men are 45 years of age and over and almost 37 per cent, 55 years and over.

Receipt of Pension or Public Aid

Forty-seven per cent of the men interviewed draw some form of pension or public assistance payments, with the largest source being Public Assistance (relief) received by 22 per cent. Many low-income people without families are forced to skid row by inflation. Many of the older men who are reaching retirement age have acquired only the minimum amount of Social Security coverage. This is insufficient to cover the minimum expenses of living. Those men who meet the residence requirements must seek public assistance.

About 10 per cent of the residents are drawing Social Security benefits, while approximately 11 per cent draw unemployment compensation. The data suggest that the local, state, and national programs for unemployment, indigence, and retirement assistance to non-family workers are one of the economic mainstays of skid row.

Racial Composition

Eighty-nine per cent of Chicago's skid row population is white. The only mixed Negro-White sleeping accommodations are in the missions but even here the management restricts the proportion of Negroes.

An estimated 2 per cent of skid row residents are American Indians. Large numbers of American Indian families are to be found in the area of North Clark Street. There are fewer restrictions against admitting American Indians to cubicle-type hotels than against other minority groups.

A rather large and long-established group of Mexicans is situated adjacent to the West Madison Street skid row complex, while Puerto Ricans are settling near the other skid row complexes. The Spanish speaking people tend to live in family groups and only occasionally live in cubicle hotels.

The central and western sections of the West Madison Street skid row are surrounded by Negro-occupied slum dwellings. This encirclement by Mexicans, Puerto Ricans and Negroes is bringing a steadily greater fre-

quency of social and economic contact and competition for housing and jobs between the races in all skid row areas.

Income Status

Residents of skid row hold some of the lowest paying jobs in the economy. In 1957, the median income of the average U. S. male 14 years of age or older was \$3,684, while the estimated median total income of the man on skid row was \$1,083. Whereas 37 per cent of U. S. men earn \$4,500 or more, only about 3 per cent of skid row residents earn as much. A disproportionately large percentage of the men are concentrated in the \$500 to \$1,500 bracket. Most recipients of Old Age Assistance and General Public Assistance receive \$65 a month or more. However, more than $\frac{1}{3}$ of the men who work *earn less than the average relief recipient receives*.

Despite the Minimum Wage Law, 38 per cent of the workers on skid row earn less than \$1.00 per hour. Five per cent of the workers earn 35 cents or less per hour. Some of these low-paid men are workers in missions but others are employed by firms operating at a profit. Where restaurant employees are given meals as a part of their pay, the cash value of meals is added to their wages.

The median weekly earning was found to be \$29.00. One half of the working men have approximately \$4.00 per day to spend for all living expenses.

The skid row of North Clark Street and of South Clark and Van Buren Streets contain extraordinarily high proportions of persons unable to work because of disabilities. On the other hand, unemployment was twice as intense along West Madison and South State Streets as on the other two skid rows.

Educational Attainment

Residents of skid row, employed primarily as operatives, service workers, and unskilled laborers, inevitably would have a lower average educational attainment than the national average. To make a comparison with the national average more meaningful a composite educational attainment for low-income working men was made by averaging the national statistics of education attainment for male operatives, service workers, and non-farm laborers. The difference between the educational attainment of skid row residents and this composite for men with similar occupations was very small.

Skid row has an extremely small number of highly educated men who deteriorated because of excessive and heavy drinking. On the other hand, 20 per cent of the men living on skid row said they had graduated from high school, which is adequate educational preparation for better jobs than they now hold. Skid row is neither a collecting place for the semi-illiterate and uneducated men of the nation, nor is it a community of alcoholics who, at one time, were successful business

and professional men. (For more detail, see Appendix, Table X.)

Occupational Status

For most of the men living on skid row work opportunities are concentrated in the lowest-paying, most irregular, and most disagreeable tasks. The major sources of employment are:

- Restaurants
- Large Department stores
- Factories
- Warehouses
- Railroad (track maintenance men)
- Trucking firms and freight handlers
- Advertising firms (bill peddlers)
- Garage and filling stations (car washers)
- Skid row hotels (janitors and porters)
- Bowling Alleys (pin setters)
- Hospitals (kitchen and clean up help)
- Religious organizations

There are disproportionately few craftsmen, skilled workmen, semi-skilled factory operatives and sales workers. Almost 12 per cent of the men are classed as clerical workers. However, the men falling in this category are primarily bill peddlers or stock messengers. Restaurant work provides 20 per cent of all employment. Many of the men work as dish washers, porters and clean up help.



A man who lacks job skills and employment opportunities may establish his own business on skid row. With a bag or a baby carriage or a push-cart, he can become a scavenger. Paper, rags, bottles and scrap metal can be collected from alleys and wastebaskets.

All skid rows are characterized by a unique kind of employment—the “spot job,” or temporary day work. Men are hired for one day of work and paid each night when the job is over. This type of employment meets the employers needs for temporary emergencies or for handling peak work loads. Almost one-half (45 per cent) of all jobs held by men on skid row during the week preceding their interview were “spot jobs.” Only 55 per cent of the men who worked had a steady job.

“Spot job” work appears to be one of the important economic functions of skid row. It permits the industrialist and business man to meet emergencies with adequate man power without retaining men on the payroll when their services are not needed.

Marital Status

The homeless men of skid row have a marital status composition radically different from the general population. In comparison with the male population 20 years of age and over, there is a considerable excess of men on skid row who never married, and who are widowed, separated and divorced. When the factor of age difference is controlled by standardizing the marital status distribution for skid row men to the age distribution of all males over 20 years of age in the nation, the proportion of single men among the skid row population is about 4 times as great and divorce is 9 times as prevalent.

Length of Residence

Contrary to popular belief, skid row is composed primarily of non-transient persons. Less than 10 per cent of the men had been on skid row for less than a month, and 55 per cent had resided there for longer than a year. Ten per cent had been on skid row for as long as 10 years or more. More specific data is presented in Chapter IX and in the Appendix, Table X.

Extent of Drinking

The discovery that about 40 per cent of the skid row residents either do not drink at all or are only light drinkers is consistent with the findings that a substantial number of persons live in skid row areas for financial or other reasons aside from drinking. The following chapter is an elaboration of this finding.

A Social Differentiation of the Skid Row Areas

West Madison tends to have a greater proportion of transients and heavy drinkers than the other areas. It has the highest rate of men holding spot jobs, the highest rate of unemployment, and the lowest educational level. On the other hand, it has the highest yearly income level.

North Clark has an older population with a low rate of transiency. Additional characteristics in comparison to the other Skid Row areas are: higher paying jobs, and the highest percentage of those employed holding steady vs. spot jobs; the highest percentage of population *not* in the labor force and one of the lowest rates of yearly income per capita; the lowest proportion of heavy drinkers and the highest educational level.

South State has the youngest population and the largest proportion of non-whites. It has the highest percentage of unemployed workers who claimed they had applied for work and the lowest rate of yearly income per capita.

South Clark and Van Buren has a heavy concentration of men between the ages of 35-64. A high proportion of the population is unable to work but the pay scale is high in relation to the other areas. The educational level is lower as is the proportion of those never married.



Able-bodied men may get jobs as manual laborers in this store-front labor office. If they report at 6 A.M. they may get a job assignment for the day, and will receive their pay at the end of the day.

Problem Drinking and Alcoholic Dereliction

One of the principal objectives of this study was to obtain a clear picture of the drinking behavior of homeless men and to analyze the relationship of drinking to other characteristics. On the basis of several interview questions each respondent was placed into one of five classes which best describes the extent of his drinking.¹ This chapter analyzes the different characteristics of each class. Controlled drinkers comprise at least one-half of the skid row population, destroying the prevalent conception of the area as a haven for alcoholics and heavy drinkers. However, drinking is still a problem and one which is of major concern throughout the entire report.

Drinking Classifications¹

Teetotaler—One who never drinks and for whom there is no evidence to controvert his claim, including the observation of the interviewer.

Light drinker—One who spends less than 15 per cent of his income for drinking, and drank less than 3 pints of whiskey (or equivalent) during the week preceding the interview.

Moderate drinker—One who spends between 15 and 25 per cent of his income on drinking, and drank 3 to 5 pints of whiskey (or equivalent) during the week preceding the interview.

Heavy drinker—One who spends 25 per cent or more of his income on drinking and who drank 6 or more pints of whiskey (or equivalent) during the week preceding the interview.

Alcoholic derelict—One who qualifies as a heavy drinker and in addition has been arrested at least 10 times for drunkenness (at least once in the last six months), and to whom at least one of the following criteria is applicable:

- a health condition attributable to prolonged drinking,
- has had delirium tremens one or more times,
- spends 65 per cent or more of his income on drinking,
- has been in the hospital one or more times as a result of drunkenness.

If there was no record of arrests, a heavy drinker was classified as an alcoholic derelict if 2 or more of the conditions listed above were applicable.

The estimated proportion in each category is:

Drinking Classification	Percentage of men in the sample	Number of homeless men on skid row
Total	100.0	11,926
Teetotalers	14.8	1,765
Light drinkers	28.3	3,375
Moderate drinkers	24.4	2,910
Heavy drinkers	19.9	2,373
Alcoholic derelicts	12.6	1,503

Characteristics of Drinkers

Age.—If a very young man lives on skid row, there is a high probability that he is a heavy drinker, but if he is elderly, there is a much better chance that he is a teetotaler or light drinker. For example, among men 20-44 years of age, more than 45 per cent are either alcoholic derelicts or heavy drinkers, but among men 55 or over, between 55 and 60 per cent are teetotalers or only light drinkers. At least three explanations may account for this: (a) young men tend not to come to skid row unless they have a drinking problem; (b) those who drink most heavily tend to die prematurely, and hence there are not many elderly alcoholics; (c) men who do not drink heavily and dislike skid row are not forced to live here until they become older and cannot earn enough to live elsewhere. The

¹These classifications were formulated by the researchers, based on replies to the following interview questions: "About how much of the money you get do you spend on drinking?" "Do you have spells when you drink very heavy?" "How often do you have these spells?" "Why do you suppose you drink more at those times than at others?" "What do you usually drink?" "Do you usually buy at a bar or do you usually buy a bottle?" "About how many days last week did you have some wine or whiskey or beer to drink?" "About how much did you drink in one day?" "Do you ever feel like you have to take a drink in the morning just before or after breakfast?" "About how many times would you say you have been arrested for being drunk?" "And how many of these times were you sentenced to jail?" "Have you ever been hospitalized for drunkenness or as a result of being drunk?" "How many times, if any, have you had the D.T.'s?"

younger age composition of the group of men who drink most heavily is evident from the following summary:

	20 to 44 years	45 to 64 years	65 years or over	Total
Drinking Classification				
Alcoholic derelicts	42	55	3	100
Heavy drinkers	47	49	4	100
Moderate drinkers	36	46	18	100
Light drinkers	25	52	23	100
Teetotalers	21	42	37	100

Some teetotalers (21 per cent) are also young but only a very small percentage of the alcoholic derelicts or heavy drinkers are 65 years of age or over. This probably is due to the lethal effects of heavy drinking.

Education.—On skid row, the men with the most education tend to be the heaviest drinkers, while the men with the least education tend to be teetotalers or only light drinkers. Although much of this relationship is due to the age relationship described above (younger people tend to have more years of formal schooling than older), when the effect of age is controlled, there is still a tendency for a higher percentage of educated homeless men on skid row to be heavy drinkers. Uneducated men have two reasons for being on skid row—personal disorganization and poverty—whereas most of the more educated men have only one reason for being there—personal disorganization.

Marital Status.—Widowed men on skid row tend to be teetotalers or light drinkers, whereas divorced or separated men tend to be heavy drinkers. A substantial proportion of single men fall in each of the drinking classifications.

Employment Status.—The teetotaler on skid row tends to be a man who cannot work. The light drinker or moderate drinker tends to be a man with a steady job; the heavy drinker tends to be a spot job worker or an unemployed workman; while the alcoholic derelict tends to report himself either as “not caring to work” or as unemployed. These relationships are evident in the following summary of the employment status of the upper and lower extremes of the drinking scale:

Employment Status	Alcoholic derelicts and heavy drinkers	Teetotalers and light drinkers
Total	100	100
Employed—steady job	18	21
Employed—spot jobs	23	15
Unemployed	30	18
Unable to work	10	32
Did not care to work	14	8
Temporarily ill	5	6



This is one of the largest taverns on West Madison Street skid row. Patrons may imbibe sociably at the long bar or may buy package liquor to drink in private.

Among teetotalers and light drinkers, the percentage of persons with steady jobs outnumbers the percentage with spot jobs by the ratio of about 4 to 3. But among heavy drinkers and alcoholic derelicts, spot job holders outnumber those with steady jobs in the ratio of about 6 to 5. However, some spot job workers are teetotalers or light drinkers and a substantial proportion of the men who drink heavily also hold steady jobs. There is no one-to-one relationship between heavy drinking and irregularity in employment.

Pension Status.—A higher percentage of the pensioners are rated as teetotalers or light drinkers, whereas the greatest percentage of alcoholic derelicts are found among those drawing temporary unemployment compensation and among the general non-pension population. However, it is incorrect that none of the old-age and other pensioners have a drinking problem. Almost one-fourth of the homeless men on General Public Assistance were classified as heavy drinkers or alcoholic derelicts, and almost one-fifth of those on Social Security or other pensions were classified as heavy drinkers or alcoholic derelicts. The agencies whose responsibility it is to care for familyless pensioners have a very difficult task to keep some of them from swapping disbursing orders for food and lodging for wine and whiskey.

Occupation.—The heaviest drinkers, when employed, tend to be concentrated in the service trades. The largest single source of employment for this group is restaurants—food handling, dish washing, and clean-up work. A high percentage of heavy drinkers are laborers, although comparatively few alcoholic derelicts fall in this group—presumably because of their poor physical condition. The percentage of heavy drinkers and alcoholic derelicts classed as clerical or sales workers is considerably smaller than for the other occupations.



Both hunger and thirst can be quenched on skid row. The prices are the lowest in the city. Even the impoverished will buy when the price is only 15c for a bowl of chili — "largest bowl in town"—and 25c for a "full shot & a beer."

Residence.—There is a sharp residential differentiation between heavy and light drinkers. Men who live in cubicle hotels are much heavier drinkers than men who live in single rooms, either in rooming houses or in hotels with single rooms. Men living in rooming houses in the skid row neighborhood especially are inclined to be teetotalers. Men who are staying in missions, jails, hospitals, or sleeping out tend to be unusually heavy drinkers because their drinking is one factor in their place of residence.

Nativity and Race.—It is not the foreign born, or even the children of foreign-born people who are most heavily concentrated in the ranks of alcoholic derelicts and heavy drinkers. Instead, it is the native born white persons whose parents are also native born. Of such "third generation Americans" on skid row, 43 per cent were either alcoholic derelicts or heavy drinkers. The foreign born were least inclined toward alcoholism — only 16 per cent were heavy drinkers or derelicts. Negroes living on skid row also are less inclined toward excessive drinking than any white group except the foreign born. The heaviest drinkers of all were the Indians. More than one-half of the Indians living on skid row were heavy drinkers, and more than one-fourth were alcoholic derelicts.

Nationality.—A higher percentage of the men with Irish, Scotch-Irish, French, and Scandinavian ancestry than men with other nationality backgrounds on skid row are either alcoholic derelicts or heavy drinkers. The group of homeless men who are least inclined to be alcoholic are those of Italian, Polish, other eastern and southern European, and Mexican descent. The Germans and English seem to occupy an intermediate position between these extremes.

Place of Birth of Native Born.—The men on skid row, born in metropolitan areas are derelicts or heavy drinkers more often than those born in non-metropolitan areas.

Men who were born in the South are inclined to be heavy drinkers or alcoholic derelicts more than men born in other regions. This is true both for southerners born in metropolitan and those born in non-metropolitan areas of the South.

The light drinkers and teetotalers were born primarily in the non-metropolitan sections of the northeastern states and the north central states, and in the metropolitan section of Illinois (which is primarily Chicago).

The Handicapped and Ill

The U.S. Public Health Service has developed a battery of questions which it uses in its National Health Survey to determine the extent of illness and the nature of the diseases or other debilitating conditions that are prevalent among the population. These same questions were included in the interviews with the homeless men. By tabulating the responses to these questions according to N. H. S. specifications, it is possible to discuss the health of skid row men in comparison with that of the general population. Undoubtedly many diseases, such as cancer in early stages, high blood pressure and tuberculosis in early stages were unrecorded. Therefore, the materials *understate* the degree of sickness among the men.

The elaborate body of health information obtained for each man was used in two ways: (1) The record of the man's illnesses was "coded" into specific diseases and disorders, and tabulated to show how prevalent each kind of disease is on skid row, and how many days of work are lost because of sickness. (2) A physician carefully read the medical inventory for each man and used his expert knowledge to perform four tasks:

First, he classified each man according to the degree of his *present* physical disability, into one of the following five categories:

Unable to work: Man has an ailment or injury which prevents him from holding a steady job, even part-time.

Severely handicapped: Man has an ailment or injury which severely limits the kind of work he can do, or permits him to work only part time.

Moderately handicapped: Man has an ailment or injuries which restrict considerably the kinds of work he can do, but can hold several types of steady jobs.

Slightly handicapped: Man has ailments or disabilities which place a few restrictions upon his work activities.

Not handicapped: Man has no ailments or disabilities that restrict his work activities.

These categories assume that the man was qualified to work only as a laborer or semi-skilled operative, where a considerable amount of physical exertion is required.

Second, using the above five categories with the same definitions and assumptions, he estimated how handicapped the man would be if he received the medical care that his present condition required. In some cases, treatment would do nothing to shift the man from an upper category to one lower in the scale, while in other cases shifts of one or two places would be possible.

Third, the physician recorded his estimate of how much treatment would be necessary to relieve or remove the conditions reported by the man, insofar as this is possible. This was expressed in such terms as days in hospitals and number of doctor visits.

Fourth, using the standard rates of Blue Cross and Blue Shield, and his knowledge of hospital charges for items not covered by published rates, he converted the needed medical treatment into dollars of cost.

Thus, on the basis of the physician's analysis of the medical inventory for each man it was possible not only to learn how disabled the homeless men are as a group, but also to estimate to what extent they could be rehabilitated by a program of medical care and how much it would cost to carry out such a program. The statistics of this chapter are based upon the above operations.

Number of conditions

Only about one-fifth of the men on skid row reported no ailments, while 80 per cent reported one or more. The percentage of men having ailments, by the number of these ailments, are:

	Per Cent of Men
No ailments	20.4
1 ailment	23.6
2 ailments	19.7
3 ailments	16.6
4 ailments	6.9
5 ailments	4.3
6 ailments	3.0
7 ailments	2.7
8 ailments	1.7
9 ailments	0.5
10 ailments or more.....	0.6
Total.....	100.0

This averaged out to 2.2 ailments per man. The great majority of the conditions reported were of the variety defined as "chronic" rather than "acute." (In evaluating the diseases reported, an acute condition was tabulated if it caused the man to cut down on his activities as much as one day or more in the past two weeks. A chronic condition is one that had persisted for three months or more or one listed by NHS.) Four out of 5 men on skid row had suffered recently from some condition that had caused them to cut down on their usual activities. Men who were older, alcoholic derelicts, or pensioners had the greatest number of different disorders, while young men, light or moderate drinkers, or men who were working had the fewest.

Disabling effects of illness

Illness caused the average man on skid row to reduce his usual activities for 3.3 of the 14 days in the preceding two weeks. This means that *during midwinter* (the time the survey was taken), *between one-fourth and one-fifth of the men on skid row are sick on any given day*. It also means that if continued throughout the year, the average man on skid row would have 85 sick days out of 365. This is 3.3 times the rate among the general U. S. population reported by the National Health Survey for this season of the year.

The men had spent an average of one day of the past two weeks in bed as a result of illness. This was 2.4 times the rate of bed-disability per year among the general population at this time of year. It is also roughly 4 times the rate for males of all ages, and is 1.7 times the rate for males 65 years of age and over among the general population. Sickness was causing the men on skid row to stay away from work or to avoid looking for work at the rate of 53 days per year, which is 4.1 times the rate among the general working population for this season of the year. It also means that on any given working day in midwinter, slightly more than 20 per cent of the workingmen on skid row are away from work because of illness. Among the general population, even workers who are 65 years of age lose fewer than one-half this many days of work

due to illness.

Even when allowance is made for the age composition of the skid row population, *illness has roughly 2.0 to 2.5 times the disabling effect upon skid row residents that it has upon the male population generally*. Living on skid row may not *cause* people to get sick. This high rate may be due partly to the fact that sick people who have no families to take care of them and who lack funds may move (or be moved) to skid row to live. Heavy drinking by some of the men may drive illness rates up.

A. Chronic conditions

These statistics state the number of cases of each chronic condition that had been present at some time within the past year among each 1,000 men. A high percentage of chronic conditions are not easily "cured," but can only be arrested or retarded (especially under the conditions of minimum medical care found on skid row). The following statistics are a fairly true measure of *current prevalence* of these conditions among the homeless men.

Disease	Approximate Prevalence
Tuberculosis	1 man in 30
Mental illness	1 man in 11
Mental and nervous trouble.....	1 man in 11 (in addition to above)
Chronic disorders of the digestive system.	1 man in 10
Arthritis and rheumatism.....	1 man in 8
Other diseases of muscles, bones, joints..	1 man in 4
Impaired hearing	1 man in 9
Impaired vision	1 man in 16
Hernia	1 man in 12
Hypertension	1 man in 16
Hemorrhoids	1 man in 14
Heart diseases	1 man in 16
Ulcers of the stomach.....	1 man in 40
Asthma	1 man in 11
Skin infection	1 man in 25
Missing foot or arm.....	1 man in 16

Although National Health Survey statistics are not yet available with which to compare these prevalences in the general population, it is almost certain that the illness rates are considerably higher on skid row.

Chronic ailments are generally afflictions of middle and old age. However, the rates of chronic illness are surprisingly high even among younger men on skid row. Young men tend to be afflicted severely with:

- Tuberculosis
- Mental illness and nervous troubles
- Miscellaneous disorders of the respiratory system
- Ulcers of stomach
- Arthritis and rheumatism
- Conditions of bones and joints

Surprisingly, the highest rates for many of the chronic ailments are not found among the older men (those 65 years of age or older) but among the middle-aged men, 45-64. This may be the difference between pensioners, who have ready access to medical care, and non-pensioners who have little access to medical care. For example, rates of the following diseases are lower among the older men than among the middle-aged men:

- Tuberculosis
- Asthma and hay fever
- Mental illness
- Nervous conditions, ill defined
- Hemorrhoids
- Arthritis and rheumatism
- Other conditions of muscles, bones, joints
- Sinusitis
- Bronchitis
- Miscellaneous diseases of the digestive system
- Back conditions
- Paralysis of extremities
- Absence of extremities

This is a rather long and impressive list, and could not possibly be a chance occurrence. One can only conclude that the older men live more regular lives, take better care of themselves, and receive more medical care than the middle-aged men on skid row or these older men had less illness when they were younger.

B. Acute conditions

Acute conditions are defined as illness or injury conditions of 3 months or less duration (that are not arbitrarily defined as chronic) that had afflicted the respondent during the two weeks preceding the interview. The common cold and other acute respiratory conditions are the most common acute conditions. About 1 person in 14 had suffered one or more days of reduced activity in the past week because of a respiratory condition.

Injuries are a common form of acute condition on skid row.

- 2.4 per cent were suffering from a fracture or dislocation.
- 1.2 per cent were suffering from a contusion.
- 0.9 per cent were suffering from open wounds and lacerations.
- 0.5 per cent were suffering from sprains and strains.
- 1.5 per cent were suffering from other current injuries.

If there were no duplications (a few men had more than one injury) at the time of the survey, 1 man in 8 suffered one day or more of reduced activity because of an injury.

Severe digestive upsets are comparatively common on skid row. Two per cent of the men reported one or more days of reduced activity during the past two weeks because of this.

Except for tuberculosis, infectious and parasitic diseases (typhoid fever, dysentery, venereal diseases, scarlet fever, and smallpox) appear to be uncommon on skid row as elsewhere in the population. It is entirely possible that some of these diseases were present but either not reported or reported as other conditions. Also, cases of infectious diseases, when detected, are removed from the hotels.

The statistics for acute conditions probably are gross understatements. Despite this, when adjusted for age and season, they show an incidence and prevalence that is about as high as the general population. It is very probable, therefore, that acute diseases have considerably higher rates than among the general population. The disorders reported are of the same general type as for the general population, with a heavy emphasis on respiratory diseases. The major exceptions are injuries, fractures, and wounds. These occur on skid row at a rate that is considerably higher than among the general population.

Disability status

In determining disability status, *no account was taken of any drinking problem the man may have had*. Moreover, the physician's estimates of disability were oriented toward the man's capacity to do physical labor of the type demanded of operatives, service workers, and unskilled laborers. When tabulated, the physician's classification produced the following distribution of disability status of homeless men on skid row:

Disability Status	Per Cent of Homeless Men
Total	100.0
Too old to work.....	8.8
Unable to work.....	1.5
Severely handicapped	9.4
Moderately handicapped	26.8
Slightly handicapped	25.1
Not handicapped	28.4

Solely on the basis of physical health, 90 per cent of the men on skid row are capable of doing at least some gainful work to help support themselves. Moreover, if a moderately handicapped man could be placed in "sheltered" employment where he could earn at least his minimum necessities, and if a slightly handicapped man could be fully self-supporting with only a little assistance in finding a job, *not less than 80 per cent of the men on skid row could be helped to become completely self-supporting, from the point of view of physical health if they did not have a drinking or other psychological problem*. Yet not less than 36 per cent of the homeless men reported that they were too old to work or too disabled to work. The notion is false that skid row is populated predominantly by helpless cripples and men too sickly to be rehabilitated.

On the other hand, it must be emphasized that physical handicaps are very prevalent among the residents

of skid row -- much more so than in the general population. Only one man in four (28.4 per cent) is completely free from disability which impairs his working capacity at least to some extent, and almost one in ten is so severely handicapped that he is unable to hold a full-time job. More than one in four is moderately handicapped, and is restricted in the amounts and types of work he can do. More than one-half of the skid row population is physically handicapped to the extent that at least some measure of special consideration would be necessary on the part of an employer before he would provide employment even if drinking were not involved.

Disability and drinking

Disability and drinking are almost, but not quite, unrelated to each other. The men who control their drinking tend to fall at the extremes; either they are severely disabled (too old or unable to work) or not disabled at all. The moderately handicapped and slightly handicapped groups contain the highest percentage of alcoholic derelicts and heavy drinkers. The drinking classification of the large group of men with no disability has a disproportionately large share of teetotalers and light drinkers, but it also contains a substantial number of heavy drinkers.

For only about 4 per cent of the homeless men could disability have led to above-average drinking. Actually above-average drinking may have created their disability. While these differences are statistically significant and worthy of considering, they should not be over emphasized. On the one hand, these findings support the contention that there are many men on skid row because of poverty caused by severe disability or old age. The disproportionately large share of teetotalers and light drinkers among the most severely disabled suggests that this is true. On the other hand, they lend some support to a theory that drinking is one way that disabled men sometimes take to escape the disappointments of being unable to "make good." The relationship between drinking and disability is:

	Per Cent
Men <i>with</i> a serious drinking problem and a serious disability problem.....	24
Men <i>with</i> a serious drinking problem and no serious disability problem.....	33
Men with <i>no</i> serious drinking problem but <i>with</i> a serious disability problem.....	22
Men with <i>no</i> serious drinking problem and <i>no</i> serious disability problem.....	21
All Men	100
Note: In making the above classification, "moderate drinkers" were assumed to have (at least potentially) a serious drinking problem, while slightly handicapped men were assumed to have no serious disability problem.	

The drinking-disability-age classification

To rehabilitate the men on skid row, the three most important factors to be considered are: their *disability status*, their *drinking classification*, and their *age*. By grouping all possible combinations of these three factors into the fewest possible categories, a 12-category drinking-disability-age classification was constructed to be used throughout this study. The categories of this classification, and the percentage of homeless men falling in each category, are as follows:

Drinking-disability-age classification	Estimated Per Cent of all Men on Skid Row
A. Severely and moderately handicapped*..	46.6
1. Elderly—65 years of age or older	
Teetotaler and light drinkers.....	9.7
Moderate and heavy drinkers**....	4.3
2. Young and Middle-aged—20 to 64 years	
Teetotaler and light drinkers.....	12.6
Moderate drinkers	6.8
Heavy drinkers and derelicts.....	13.2
20-33 years of age.....	4.3
45-64 years of age.....	8.9
B. Slightly and not handicapped.....	53.4
1. Elderly—65 years of age or older	
Teetotaler and light drinkers.....	2.3
Moderate and heavy drinkers**....	1.2
2. Young and Middle-aged—20 to 64 years	
Teetotaler and light drinkers.....	18.5
Moderate drinkers	13.3
Heavy drinkers and derelicts.....	18.1
20-44 years of age.....	10.4
45-64 years of age.....	7.7
* Includes those unable to work.	
** Includes alcoholic derelicts.	

- This classification leads to the following findings significant for the rehabilitation of skid row.
- Of the elderly men 65 years of age or older (17.5 per cent of skid row's population), only about one-third may be said to have a drinking problem (moderate or heavy drinkers). Of all elderly men, both those with and those without a drinking problem, about 80 per cent are seriously handicapped.
 - About 20 per cent of the men on skid row seem to be in no immediate need of physical rehabilitation or treatment for alcoholism in that they do not have a drinking problem, are in the working ages, and have no serious handicap.
 - The group of heavy drinkers that would seem to be the "most promising" prospects for rehabilitation are the younger men (20-44 years of age) who are not handicapped. Ten per cent of the men on skid row (roughly 1,200 men) fall into this group.
 - The group of heavy drinkers that are the "least promising" prospects for rehabilitation would

seem to be the older men (45-64 years of age) who also have a serious physical disability. They comprise about 9 per cent of all men on skid row.

- e. The "intermediate groups" with respect to rehabilitation are those that are (a) older but not handicapped, or (b) younger and handicapped. About 12 per cent of the men fall into one of these two groups.

In order to evaluate the extent of physical rehabilitation that would be necessary to improve the employment status of skid row residents, the physician who assisted in the study was asked to imagine that each man was to be given all of the normal medical treatment and care that his condition indicated was needed, omitting extremely costly items that these men could not possibly afford. Then, presuming that such treatment were somehow provided, the physician was asked to rate each man again according to his estimate of *how handicapped he would still be after the treatment*. The same categories and assumptions made in the original rating were applied in the estimating of the extent of physical disability that would remain after medical treatment. It was assumed that problems of alcoholism would be solved by another program. Following is a tabulation of the results:

Rehabilitation Status	Per Cent of the Men	Implied Number of Men on Skid Rows of Chicago
No Change after Medical Treatment		
Too old to work.....	8.8	1,049
Unable to work, both before and after	1.2	143
Severely handicapped, both before and after.....	5.7	680
Moderately handicapped, both before and after.....	14.3	1,705
Slightly handicapped, both before and after.....	8.5	1,014
Rehabilitation Status Improved by Treatment		
Rehabilitated to be only moderately handicapped	3.6	429
Rehabilitated to be only slightly handicapped	11.9	1,419
Rehabilitated to be not handicapped at all.....	17.5	2,087
Originally not Handicapped. No Treatment Needed...	28.5	3,399

Thus we find that a program of medical treatment would not only improve the well-being of a number of unhealthy men, it would also substantially improve the potential earning power of 33 per cent of these homeless men. This is roughly 4,000 men. The dramatic improvement that would be effected is shown by comparing the percentage distribution of the men by their disability status before and after treatment.

Disability Status	Percentage		Change
	Before Treatment	After Treatment	
Too old to work, unable to work	10.2	10.0	— 0.2
Severely handicapped ...	9.4	5.7	— 3.7
Moderately handicapped .	26.8	17.9	— 8.9
Slightly handicapped	25.1	20.4	— 4.7
Not handicapped	28.5	46.0	17.5

After such a treatment program, almost one-half of the men would not be physically handicapped, and almost a third of those who had been either severely handicapped or moderately handicapped could be transferred to the "slightly handicapped" category. *Thus, a systematic program of medical treatment for the purpose of rehabilitation could transform thousands of the skid row men from dependent, unemployable, cast-off dregs on the labor market to self-sustaining earners. It could make partially self-supporting (or even entirely self-supporting workers under sheltered conditions) hundreds of men who are now severely handicapped. Such a program must be accompanied, of course, by a program for treatment for alcoholism where the man is a heavy drinker. Many of the handicapped men, however, are not alcoholic.*



Earning a livelihood is particularly difficult for the handicapped men. The occupation of news vendor is one of the few jobs that can be filled by handicapped men without special training.

The Cost of a Program of Medical Rehabilitation

The question immediately arises, "How much would it cost to provide this rehabilitation treatment?" The answer is expressed in the cost per man, instead of total costs. This approach also makes it possible to answer questions concerning "How many men could be rehabilitated for how many dollars?" For an average skid row man, with an average amount of disease and disability, the medical care required would be as follows:

Medical Care Required	Average Per Man
Days in hospital.....	5.6
Days as outpatient.....	2.1
Follow-up visits to clinic.....	4.7
Total Cost	\$242
Hospitalization	\$105
Cost of clinic visits.....	37
Cost of surgeon.....	27
Cost of drugs.....	74
Time from work (if working)....	2.1 weeks

The cost of rehabilitating a younger man is less than that of rehabilitating a middle-aged or older man because he has fewer ailments. The cost of rehabilitating a teetotaler is about the same as that of rehabilitating a moderate drinker. The cost of "patching up" an alcoholic derelict is considerably greater, because he has more numerous and more serious ailments. A better idea of the cost may be obtained by classifying the men according to their rehabilitation status:

Change in Medical Status	Cost	Number of Men	Estimated Total Cost (Thousands of Dollars)
No change after medical treatment			
Too old to work.....	\$170	1,049	\$178
Unable to work, both before and after ...	380	143	54
Severely handicapped, both before and after	892	680	607
Moderately handicapped, both before and after	315	1,705	537
Slightly handicapped, both before and after	135	1,014	137
Improved by medical treatment			
Improved to be moderately handicapped	1,625	429	697
Improved to be slightly handicapped	303	1,419	430
Improved to be not handicapped at all..	193	2,087	403

The total cost of such a program, if carried out for all categories of men, would be 3 million dollars. This is a staggering figure. On the one hand it measures how much it would cost the taxpayer to remedy the health situation of these men; on the other hand it measures just how much in need of help these men are. From some viewpoints this seems reasonable and modest in size. This \$3 million is about two months pay of the 4,050 men whose rehabilitation status would be improved by such a program. One man kept on General Public Assistance for one year costs the City and State about \$1,000. This amount could rehabilitate 3 moderately handicapped men to a point where they would be only slightly handicapped, and could rehabilitate 5 slightly handicapped men to a point where they are not handicapped at all. Rehabilitation now would keep many of these men off General Public Assistance a few years from now.

It must be emphasized that the materials of this chapter make it clear that if a program of medical rehabilitation is undertaken, it must be much more than just a first-aid station set up along skid row to take care of emergency wounds and administer antibiotics — although there is a genuine place for that kind of medical help too. This program would require the kind of medical treatment that repairs hernias, treats ulcers and other chronic digestive ailments, brings down high blood pressure, corrects prostate trouble, and diminishes the disabling effects, insofar as possible, of other chronic ailments. It requires regular hospital facilities, with a staff of specialists and expert diagnosticians.

And, it must be re-emphasized, this program does not include treatment for alcoholism. Neither does it include provision of badly needed dental care.

Summary

Residents of skid row are disabled from illness to a far greater extent than the general male population of the same ages. This excess of illness is not due so much to acute and infectious diseases (although it is suspected that the prevalence of acute diseases is greater than reported in the survey) than as to chronic ailments. A high percentage of the men suffer from severe and multiple chronic disorders, and as a consequence are partially disabled or handicapped for employment. A substantial number of these people are teetotalers or only light drinkers; they seem to live on skid row because they are poor, and seem to be poor because they are chronically ill. Among the heavy drinkers, alcoholism is complicated by chronic sickness in a substantial proportion of cases. Rehabilitation of such men would require a double-barreled approach of medical care and treatment for alcoholism. However, a substantial share of the problem drinkers are only slightly handicapped physically or are not handicapped at all.

A high percentage of the men on skid row are in need of medical care they cannot afford. In a high percentage of cases, the disorders from which they suffer could be greatly relieved and rendered much less disabling by appropriate medical treatment. If, as a part of a rehabilitation and renewal program, there was a program of medical rehabilitation it could greatly

reduce the amount of physical disability and greatly increase the employability of the men. For certain categories of men who are not chronic alcoholics (for example, non-alcoholic workingmen suffering from hernia), a great deal of rehabilitation could be accomplished at moderate cost.



Crutches and canes, plaster casts and bandages are common sights on skid row. Living alone, unable to afford proper diet or medical care, the skid row resident is particularly susceptible to illness and injury. Many of these men could be rehabilitated by prompt and thorough treatment.

Some of the men have severe disabilities from job or other accidents. This double-amputee (below) has no artificial replacement for his missing limbs but moves about by use of a simple platform on wheels.



The Workingman on Skid Row

Of the residents of skid row that fell in the sample of this study only 4 out of every 10 worked at any job during the week preceding their interview. However, 86 percent had worked sometime during the previous year. Work status was determined on these two bases: (a) those who had worked during the week preceding the interview, and (b) those who had worked at some time during the preceding year. This chapter deals with the wage earner and relates the characteristics of his employment with the drinking-disability and age classifications. To obtain a better picture of the workingman, his wages, income, hours worked and type of job are analyzed.

Work status and drinking classification.—It is neither the teetotaler nor the light drinkers who are most likely to be employed. Instead, it is the moderate drinkers who have the highest percentage of men working. (Teetotalers and light drinkers are often old or disabled men who are retired or cannot work, and a high percentage of alcoholic derelicts are incapable of working or else are not inclined to work.) But none of the drinking classes contain a majority of working men; less than one-half of the men in any drinking classification had worked during the preceding week. Hence, drinking is only one of possibly several factors that make men on skid row unable or indisposed to work.

Nevertheless, if a man does work there are very definite interrelationships between his drinking classification and the amount of work he gets and the types of jobs he holds. Unemployment rates are much higher among those who drink freely or excessively than among those who do not. And an extraordinarily high percentage (30 percent) of alcoholic derelicts frankly stated that they had not cared to work during the preceding week. Working men who are light drinkers or moderate drinkers are much more inclined to hold steady jobs than those who are heavy drinkers or alcoholic derelicts. If they are employed at all, heavy drinkers and derelicts are more likely to be employed on a day-to-day basis as spot job workers.

Disability and drinking and involuntary unemployment in relation to work status.—Among skid row men, age and physical disability are much stronger deterrents to working than is drinking. Only a small percentage of men 65 and over and of men who are severely or moderately handicapped are reported as employed—irrespective of their drinking status. Nevertheless, moderate or heavy drinking has an independent additional effect which tends to reduce the proportion of men who are employed. Thus, the group of men on skid row who are the most actively engaged in working are the younger ones who are not handicapped and who are not heavy drinkers (64 percent of this group had worked in the week preceding the interview). Among the not-handicapped men of working ages it is the heavy drinkers and alcoholic derelicts who are working least. But, again, the employment-destroying effect of drinking appears to be much smaller than the effects of age and physical disability.

Involuntary unemployment is perhaps the most important single factor that explains why large numbers of men had not worked during the week preceding their interview. (It is much more difficult to evaluate the validity of the responses concerning unemployment according to drinking status, because a heavy drinker may have falsely reported himself as unemployed when actually he may have been on a drinking spree and not interested in working. This limitation does not apply to light drinkers, however, and rates of unemployment were very high, even among able-bodied young men who were only light drinkers.)

As mentioned earlier, there is a great seasonal fluctuation in skid row employment. High unemployment rates are very common during the winter months. Even though a resident of skid row is eager to work, does not drink, and is physically qualified, there are not enough jobs to go around. At the depths of the winter slow-down in hiring, he cannot count on a full week's work, or even some work every week.

Almost all of the men on skid row, under 65 years of age, even the heavy drinkers, are potential workers; 86 percent of them had worked at some job sometime during the year preceding the interview. There was almost no variation in this by drinking classification—even 88 percent of the alcoholic derelicts had worked at some time during the preceding year. At the time of the interview only about one-half of the men were at work. This is explained by four factors: physical disability; chronic unemployment, with its seasonal fluctuations; age; and drinking status. Drinking status ranks below the other three as an explanation for not working.

High unemployment rates among these men are due in part to the comparatively poor productivity of some of them when they are employed. Because a significantly above-average percentage of men from skid row are heavy drinkers, are not in good physical health, and are said to be irregular and not dependable on the job, employers appear to have developed a stereotyped opinion that all men who give skid row addresses are irresponsible drunkards. High unemployment rates among non-drinking and physically fit homeless men, willing to work, may be due in part to this attitude among employers.

Usual versus present occupation.—Information pertaining to occupation referred to *present* occupation. Each man was also asked a series of questions concerning his work during the past year. By noting the types of jobs at which he worked most, a “usual occupation” was recorded for each. In most cases this was the job the man held longest during the past year. The differences in distribution between the present occupation and the usual occupation are not great.

There are a few more jobs as white collar workers (messengers) and operatives in factories on a year-round basis than in the wintertime.

Usual industry of employment.—The usual industry in which the man is employed was determined by a procedure similar to that followed for obtaining usual occupation. A comparison between year-round average (usual industry) and wintertime employment (present industry during week preceding the interview) was made. During the warm-weather months, employed skid row laborers work in agriculture, construction, and manufacturing to a much greater extent than during the winter months. By far the greatest seasonal shifts are between railroad work and other types of work. On a year-round basis on skid row, one man in six, who works, has railroad work as his major source of livelihood. During the winter months, when railroad work is not available, employment is sought in a variety of service industries and in missions.

A very striking relationship exists between being a railroad worker and being a heavy drinker. More than one-fourth of all heavy drinkers on skid row who worked in the previous year reported railroad work as the usual industry of employment. And 38 percent of the alcoholic derelicts who had worked claimed railroad work as their usual occupation. In contrast, only 12 percent of the men who were teetotalers or light drinkers were railroad workers.

Two interpretations may be placed upon this very important finding. (a) The railroad is a major benefactor of chronic alcoholics. It employs them when no one else will and thereby permits many to be self-supporting. It takes them off skid row for prolonged periods of time, dries them out, gives them a balanced diet and exercise which temporarily breaks the cycle of incessant drinking. (b) The railroad maintenance gang is one of the last outposts of the work-drinking culture, where the conditions of work, and the living arrangements create tensions and make normal family life impossible to such an extent that the drinking culture thrives as a substitute.

By the first view, the railway maintenance gang provides some welfare service. By the second view, the all-male railway maintenance gang perpetuates a social situation that once was widely characteristic of frontier America in mining, logging, cattle herding, and many other occupations. Males worked in groups in prolonged isolation from average community contacts, and developed and perpetuated a tradition of heavy drinking.

Types of jobs held last year.—During the course of a year, the skid row men hold a great variety of jobs. A considerable share have contact with “better jobs” which they do not or cannot keep. Almost 10 percent of the men had jobs as craftsmen, 10 percent worked as clerical workers, and 20 percent were operatives. These are much larger proportions than were reported for usual occupation. Among men who had arrived at skid row during the past year, some of these better jobs may have been held before the man “slid down” to skid row.

On the other hand, almost all of the men had contact with lower-paying jobs during the year. Nearly one-half of them had worked as laborers and one-half as service workers. Thus, many who might earn high wages as gandies during the summer may be reduced to washing dishes or scavenging for bottles during the winter. An unusually high percentage of heavy drinkers, especially those aged 20-44 years, were likely to have worked as laborers.

Skid row is not a winter stopping-over place for large numbers of agricultural workers. Only 4 percent of the men interviewed reported that they had been farm laborers at any time during the preceding year.

Hours worked by drinking-disability-age classification.—Only about one-half of skid row workingmen are employed at full-time jobs. Part-time work is especially prevalent among the disabled and the heavy drinkers. For example, 35 percent of the not-handicapped men aged 45-64 who were heavy drinkers worked less than 15 hours during the week preceding the interview. (Many of these were railroad workers spending the winter living on their “rocking chair” pay.) Only 14 percent of the not-handicapped teetotalers or light drinkers worked so few hours.

Surprisingly, however, the men who worked the most hours during the week preceding the interview were also inclined to be heavy drinkers. Among unskilled workers and workers in service occupations (such as restaurant dishwashers) where long hours are required, heavy drinking is a leading pastime. This finding could be stated in another way: many industries that consent to hire chronic alcoholics make them work long hours, often at very low pay.

Drinking, disability, and age do not explain all of the part-time work, however. Even among not-handicapped men who were teetotalers or only light drinkers, 48 percent worked less than 35 hours during the week preceding the interview. The reason is slack employment during the winter months, when the number of job applicants is far greater than the number of jobs available.

Wages and drinking-disability-age classification.—In comparison with other workingmen, a high percentage of physically disabled and heavy drinking workingmen receive low wages. However, low rates of pay are not confined to these two disadvantaged groups. Even among workers who are not handicapped and who are teetotalers or only light drinkers, 12.2 percent, or one man in eight, received 65 cents an hour or less, and 27 percent were receiving less than the minimum wages of \$1.00 per hour. The disabled workingman who does not drink is especially subject to low pay; 45 percent of such men received less than \$1.00 per hour for their work. Among the comparatively small group of men who were earning \$1.75 per hour or more, a disproportionately large share were teetotalers or only light drinkers. Yet many handicapped men and heavy drinkers do receive wages of \$1.75 per hour or more. In fact, among the 26 percent of alcoholic derelicts who had worked during the week preceding the interview, one-fifth (roughly 5 percent of all derelicts) claimed wages of \$1.75 per hour or more.

Wages earned last week by workingmen by drinking-disability-age classification.—If earning \$25.00 per week is accepted as the minimum amount a workingman needs to support himself with minimum adequacy, then more than 40 percent of the workingmen on skid row earn less than such a minimum. The disabled and the heavy drinker have the smallest earn-



For the men who are both able and willing to work, the Illinois State Employment Service office on West Madison Street may provide casual day labor at no cost to the worker.

ings, and the lowest rate of earning is reported by the man who is both handicapped and alcoholic. More than 60 percent of the heavy drinkers who worked and who were moderately or severely handicapped earned less than \$25.00 during the week preceding the interview. Also, one-third of the not-handicapped workers who were teetotalers or light drinkers earned less than the minimum for adequate self-maintenance. Poverty due to inadequate earning power is very widespread on skid row, even among workingmen who are not disabled nor heavy drinkers.

Income earned last year by workingmen by drinking-disability-age classification.—The preceding description, on the basis of weekly income during the winter season, is also generally valid on an annual basis. Continuing on the supposition that \$25.00 per week (\$1,300 per year) is the minimum income consistent with decent and healthful living for a familyless man, then about 40 percent of the workingmen on skid row fail to earn enough during the year to support themselves at this level. About one-seventh of the men do not achieve even one-half of this minimum. This inadequacy of income is greatest among the handicapped and among the heavy drinkers. Even the workingmen who are not handicapped and are teetotalers or light drinkers earn a minimum adequate livelihood in only 70 percent of the cases. The 30 percent of able-bodied non-alcoholics who earn inadequate incomes are subject to large amounts of involuntary unemployment, although a small minority of them may be indolent.

Sources of income by drinking-disability-age classification.—The preceding discussion of the income of workingmen on skid row provides a convenient opportunity to digress long enough to report the sources of income of all skid row men, by their drinking-age-disability classification. Only about one-half of all men who live on skid row support themselves entirely from wages or salary. The other one-half either live entirely on pensions of some type (10 percent) or else on some combinations of wages and pension. Of the 40 percent who combine wages and pensions to obtain a livelihood, by far the greatest proportion shuttle between unemployment insurance and employment, with employment furnishing one-half or more of the income in a majority of cases. Each year, about 15 percent of the men receive gifts of some sort from inheritances, from begging, or from other sources, but this provides as much as 10 percent of the total income for only about 6 percent of the men.

Men who are physically handicapped get a much greater share of their livelihood from pensions and gifts, and less from wages than do men who are not handicapped. Also, men who are heavy drinkers (especially younger men who are heavy drinkers) tend to rely upon small pension payments (unemployment

compensation) and upon gifts for a larger part of their income than do men who are not heavy drinkers.

Only about 40 percent of the alcoholic derelicts depend solely upon wages; 60 percent rely upon pensions or gifts at least in part: 10 percent obtain their full livelihood from pensions, and the other 50 percent rely upon a combination of gifts, pension, and wages. About 12 percent of them received no wages at all during the past year. (These figures add to more than 100 percent because of multiple sources of income.)

This information concerning sources of income reported demonstrates, in yet another way, just how much the entire economy of skid row depends upon transfer payments of public funds for unemployment, public welfare, old-age, Social Security, or other pensions.

Number of jobs held last year, by drinking-age-disability classification.—The average skid row man who works holds two or more jobs during the course of a year. Only about 40 percent of the workingmen had held only one job, and 16 percent worked only at *spot* jobs. In making these calculations, a job was counted only if it was a potential "regular" job, and not a "spot job." A higher proportion of men who were disabled and heavy drinkers had held two or more jobs than men who were not disabled or not heavy drinkers. Young men who were heavy drinkers had by far the greatest number of job changes; 12 percent of such men had 5 or more "steady" jobs during the past year.

Contrary to what may be general opinion, the persons who worked *only* at "spot jobs" during the year preceding the interview (had held no regular jobs) were not preponderantly heavy drinkers, but were handicapped teetotalers, light drinkers or moderate drinkers. Fully one-third of all handicapped persons who were teetotalers or light drinkers had worked *only* as spot job workers. The "spot job" worker is less likely to be a chronic alcoholic than a disabled person.

Weeks worked per job, by drinking-disability-age classification.—How long can a skid row workman hold a regular job? Only 13 percent of all men who worked during the year had held one job throughout that time. At the other extreme, about 30 percent either changed jobs every day or so (worked only at spot jobs) or else changed regular jobs every two months or oftener. An additional one-third of the men who worked changed regular jobs every 2 to 6 months, giving them a total of 2 to 6 job changes for the year.

The ability to hold a job for a long period of time is related closely to not being handicapped and not being a heavy drinker. The men who had the most frequent job changes (worked the shortest time per job) were heavy drinkers (especially young, not dis-

abled, heavy drinkers) and handicapped teetotalers and moderate drinkers. Spot jobs were the only employment most of the handicapped could obtain. Em-

ployers have found that the handicapped person holds his job for long periods of time, when properly placed in a job.



Opportunities for work are few for the weak and aged men on skid row. This aged pensioner (top left) recovers bottles, paper and scrap metals from refuse discarded by the commercial activities on skid row.



Having collected salvageable items, the scavengers sell their wares (center) in an impromptu market. They receive one-half a cent for every bottle. The man with a sack on his shoulder has bottles to sell; the man facing him is the prospective buyer.



This newsstand (below) on North Clark Street has been operated for twenty-five years by a resident of the area.

The Old Man and Pensioner

Forty-seven percent of all residents of skid row are pensioners, that is, they were receiving payments of money or benefits paid from public funds. The ensuing material focuses on this group of men.

Number of Pensioners of Each Type.—An estimated 5,628 men received some form of pension. The breakdown is:

Pension Status	Estimated Number of Men on Skid Row, 1957	Percent of Total Men on Skid Row,
Total	11,926	100.0
Non-pensioners	6,298	53.1
Pensioners, total*	5,628	46.9
Public assistance	2,640	22.0
Old-age assistance	264	2.2
Social Security	1,236	10.3
Military pension	660	5.5
Railroad retirement	204	1.7
Unemployment compensation	1,428	11.9
Combination of Pensions:		
Public assistance and Social Security	696	5.8
Public assistance and railroad retirement	60	0.5
Railroad retirement and old age assistance	60	0.5

* Some of these men hold pensions from two sources.

When grouped thus, the number of pensioners in each major type is as follows:

Major Type of Pension	Estimated Number of Men on Skid Rows, 1957	Percent of All Men on Skid Row	Percent of All Pen- sioners on Skid Row
Total Pensioners.	5,628	46.9	100.0
Earned Retirement .	1,694	14.1	30.1
Welfare Pensioners.	2,502	20.9	44.5
Temporary Pensioners	1,432	11.9	25.4

Thus, of the total pensioners on skid row, 30 percent live on pensions earned while they were younger, almost one-half are supported as public dependents, and one-fourth are temporary public dependents receiving unemployment compensation. This last figure is large because of the number of men spending the winter on their “rocking chair pay” from railroad employment.

The principal purpose of this chapter is to learn how these three groups of men differ from each other, and how all three differ from the group of men who do not receive pensions.

Age in Relation to Pension Status.—About 30 percent of the earned retirement pensioners are under 65 years of age. This is a higher rate of retirement before 65 than is found among the general population, and represents retirement because of disability. Men who are retired on military, Social Security, or railroad pensions before 65 tend to be disabled veterans, men who have had an industrial accident or whose health has been broken.

The group of pensioners on public welfare are neither extremely young nor elderly, but two-thirds of them are highly concentrated in the middle-aged group between 45 and 64 years. The men on temporary (unemployment) pensions tend to be much younger, with a substantial proportion being 35-44 years of age.

The pensioners are grouped into three major types:

- Persons on earned retirement*—men with Social Security, military, or railroad retirement pensions for elderly men.
- Welfare pensioners*—men on general public assistance (relief), or Old Age Assistance.
- Temporary pensions*—unemployment compensation.

Men who do not have a pension tend to be younger than men who are pensioned. Almost everyone who reaches age 65 is pensioned, either on an earned pension or a welfare pension. In fact, by the time skid row men reach age 50, a substantial proportion are on welfare pensions, and the percentage rises with increasing age. At these ages, unskilled homeless workers begin to experience health breakdowns and no longer can support themselves.

Educational Attainment in Relation to Pension Status.—Men who are not pensioned tend to have a higher educational attainment than men who are pensioned, while the men on earned retirement pensions tend to be highly concentrated in the grammar school educational level. This is largely a function of age; younger men tend not to have pensions and they also tend to have more education. Despite the fact that they are younger, the people on public welfare tend to be less educated than the other types of earned retirement pensioners. This suggests that many of them may be “unemployables” who are on welfare because they have none of the educational qualifications that help to secure and retain a steady job.

Pension Status in Relation to Drinking Behavior.—Very few men who are on earned retirement pensions are problem drinkers. Only 18 percent of this group of pensioners are heavy drinkers or alco-

holic derelicts, which is only about one-half of the proportion of heavy drinkers among the skid row population as a whole. This finding belies the assertion sometimes heard that when elderly men who have spent a lifetime as common laborers get their Social Security or railroad retirement pensions, they voluntarily retire to skid row and spend the rest of their days doing what they like to do best — drink. Instead, the facts indicate that more than 80 percent of the earned retirement pensioners who live on skid row live there against their will, because inflation has destroyed the purchasing power of their monthly pension check and their ability to live elsewhere.

A very surprising aspect is the finding that more than one-half (55 percent) of the men on public assistance are teetotalers or light drinkers. Many people believe that public welfare cases are relegated to skid row hotels and restaurants only when they are known to be confirmed alcoholics who cannot be trusted with cash for meals or lodging. Such men are given a “disbursing order” addressed to a particular cubicle hotel or skid row restaurant, usually one chosen by the recipient or recommended by the social worker. The statistics indicate, however, that more than 1,200 men (590 teetotalers and 635 light drinkers) are forced to live on skid row against their will, simply as a matter of public economy. Since legislative enactment imposes a ceiling of \$80 per month on the total grant



North Clark Street has many elderly pensioners who live in single-rooms. The hotels in this area are better maintained than elsewhere on skid row. The men living in this area are more stable and better behaved than other residents of skid row.

for Old Age Assistance and Disability Assistance, a homeless man can scarcely maintain himself anywhere else than on skid row (even though there are no departmental requirements that he live there, except, perhaps in cases where the grant is paid by disbursing orders to particular skid row establishments). Even then, the homeless man must live at a minimal level of adequacy; after rent and restaurant meals are taken care of, he has only \$4.20 left from his monthly allowance for all other expenses.

On the other hand, the men living on temporary pensions (unemployment compensation) are highly concentrated in the heavy drinking and alcoholic derelict groups. Only 4 percent of these men were teetotalers and 18 percent were light drinkers. Almost 50 percent of unemployment compensation recipients were heavy drinkers or derelicts, and 28 percent were alcoholic derelicts. A high percentage of these men are the gandy dancers, who work in summer and spend their winters drinking on "rocking chair" pay. They reputedly are joined by men who shrewdly hold steady jobs just long enough to qualify for unemployment compensation and then suddenly become "unemployed" until their accumulated compensation rights expire. Thus, on skid row, desirable programs of social legislation to protect men from unemployment have been perverted by some to institutionalize alcoholic dereliction. Welfare authorities might give some consideration to administering aid in such a way that would encourage the workingman to seek employment during the winter months and to assure that his payments do not lead to a winter-long spree of debilitating drinking.

However, it should not be concluded that all heavy drinkers on skid row are gandy dancers or men living on unemployment compensation. More than one-third of the men who are not pensioners are heavy drinkers.

As the above discussion suggests, a high percentage of teetotalers and light drinkers receive earned retirement or welfare pensions, while one alcoholic derelict in four was being kept alive by unemployment compensation. However, the unemployment compensation program should not be condemned. Even among the gandy dancers, many do not come to skid row to spend the winter drinking but stay in other towns or other parts of Chicago.

Pension Status in Relation to Drinking-Disability-Age Classification.—About 79 percent of the men who are on earned retirement pensions are disabled. Although the men who had welfare pensions are younger, almost the same proportion were also disabled. Thus, physical disability is by far the leading reason why a homeless man is given a welfare pension. When age and physical disability are combined, they account for 82 percent of the welfare pensions. Of the 18 percent of welfare pensions that were given to men who were neither elderly nor physically dis-

abled (about 450 pensioners), more than one-half went to men who were teetotalers or light drinkers. The often-heard comment on skid row that large numbers of able-bodied "bums" managed to get themselves on the welfare rolls by deceit and conniving appears not to be correct. If the information available here is accurate, only about 100 men (about 4 percent of alcoholic derelicts) might *possibly* have accomplished this. In addition, the number cited above is subject to sampling error, and hence, could be either somewhat smaller or larger than indicated. A homeless man who has resided in Illinois for one year, who has exhausted all employment compensation rights, and who has been unable to obtain employment despite all efforts, is eligible for public welfare, provided he accepts a job if the welfare department finds one for him. In view of the high unemployment rates reported earlier, it is surprising that the number of younger able-bodied men on public assistance is as small as it is.

Only about one-third of the men on temporary pensions are severely or moderately handicapped; the other two-thirds are only slightly handicapped, or not handicapped at all. But, as has already been discussed, an extraordinarily large percentage of heavy drinkers or alcoholic derelicts are in this group. One-fifth of all skid row recipients of unemployment compensation are young men between the ages of 20 and 44 who are heavy drinkers or alcoholic derelicts, but who are only slightly physically handicapped, if at all.

Usual Occupation Last Year and Pension Status.—Almost one-half of the men receiving earned retirement pensions had worked on at least one job during the year preceding the interview. At least one-third of the earned retirement pensioners had held one or more odd jobs in order to earn extra money. In view of the large percentage of men among this group who are disabled or too old to work, this proportion implies a very substantial effort to increase income. Dishwashing in restaurants and delivering handbills are the two most common jobs these men get, although a few get jobs as laborers on railroad gangs, in stockrooms of wholesale and retail establishments, or even in factories.

Only one-third of the men on welfare pensions worked in the preceding year. These men are screened for public relief because they are no longer able to be self-supporting, either because of injury, disability, or other conditions which have kept them from being employed.

Pension Status and Usual Industry of Employment.—More of the younger men who are not pensioned tend to be employed in factories and at more skilled jobs than the men who are pensioners. The concentration of gandy dancers on temporary wintertime pensions is heavy; 42.5 percent of all men receiving

unemployment compensation on skid row are laborers in the transportation industry.

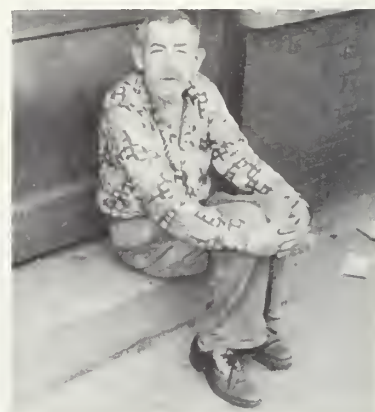
Pension Status and Wages Earned Last Week.

—Since the number of pensioners who work is quite small, the size of the sample upon which the income distributions are made is too small for very precise generalization. However, it is abundantly clear that a great majority of pensioners who work earn less than \$20 per week, and that at least 30 percent earned only \$10 a week or less. This is a function both of low wages and the small number of hours each week for which they are able to get work. The elderly skid row pensioner seeking work with which to supplement his meager income is in a very poor position with respect to the labor market. He is either elderly or disabled and he is competing with many younger, able-bodied men for unskilled jobs. Hence, the wage bargain he makes is often an unfavorable one.

Pension Status and Income Received During the Past Year.—The really poverty-stricken people on skid row are the pensioners who are on public welfare. This is only another example of the situation which

ceived \$2,500 or more during the year — which is enough to support a single workingman in any good rooming house area of Chicago. As has earlier been described, many of this more affluent group of pensioners are gandy dancers or factory workers who are also heavy drinkers and spend their time between jobs on skid row from choice rather than necessity.

Pension Status and Source of Income.—Almost 60 percent of the men on retirement pensions received income from no other source during the preceding year, while approximately one man in eight had received at least one-half of his income from another source. About one-half of the welfare pensioners received no other funds except their pension benefits, and more than two-thirds of them received 80 percent or more of their income from welfare sources. A very high percentage of the skid row men on public relief must stay there for a comparatively long period of time. Quite different is temporary unemployment compensation. More than two-thirds of the men received less than 20 percent of their income from temporary pensions.



Many varieties of aged men find refuge on skid row. On the left is a scavenger who immigrated from Italy at an early age. He was never able to find a good job, but has supported himself by the collection and sale of refuse. This man goes to Mass every Sunday, he says, and drinks only an occasional glass of wine. On the right is an aged pensioner who lives in a single room where he prepares his own meals.

reveals itself with monotonous regularity throughout this study. Poverty and the public policy for dealing with it are very substantial reasons for the existence of skid row in Chicago. Some of the most financially desperate people on skid row are welfare pensioners. About 70 percent of these men received less than \$1,000 income in the year preceding the interview. In contrast, only 13 percent of the workingmen not on pensions received so little income. The men receiving unemployment compensation are the most affluent group on skid row. In order to be eligible for unemployment compensation or “rocking chair pay” these men must have worked at steady jobs, which almost automatically means that their rate of pay was much higher than the non-pensioners who work at spot jobs. Almost 40 percent of the temporary pensioners re-

Pension Status and Number of Months Pension Has Been Received during the Past Year.—

Eighty-eight percent of the earned retirement pensioners and 58 percent of the welfare pensioners received payments during each of the 12 months preceding the interview. Men on welfare pensions tended to fall into two distinct groups — the more or less “permanent” pensioners, and a smaller group who received pensions for only 2 or 4 or 6 months. Most of this latter group consists of residents who are helped over temporary emergencies.

The group of men who receive unemployment compensation tend to spend a substantial proportion of the year in that status. About one-third of the men received unemployment compensation or other related

temporary benefits for 2 to 5 months during the preceding year. An additional one-fourth had been pensioners for 4 to 6 months. One man in ten in this group even claimed being pensioned for 6 to 8 months, and a few had even longer tenure. Not all of this was necessarily unemployment compensation—the men were classified according to their pension status at the time of the interview. They may have been on relief or receiving some other type of pension during the preceding year.

How Pensioners Manage their Financial Affairs.—More than one-half of all skid row men on public welfare did not handle money, but instead received disbursing orders. This arrangement is made whenever it is believed that the man cannot be trusted with cash because of his drinking habits or for other reasons. Of the pensioners who did get checks, more than one-third made use of the currency exchange for check-cashing. Only 5 to 7 percent of all checks were cashed at a bank. The rest were cashed at hotels, restaurants, or taverns. Among men who received earned retirement pensions, about 10 percent of the checks were usually cashed at a tavern. Missions cash only a few checks for pensioners. The group of pensioners

who receive unemployment compensation did not discuss their financial affairs very fully; more than one-third failed to answer questions about check-cashing and other financial matters.

Almost one-half of the earned retirement pensioners arrange for their rooms a full month in advance, and an additional one-fourth pay went a week or more (but less than a month) in advance. Only about 15 percent of the pensioners pay for their room by the day.

Questions concerning financial arrangements were not asked of men who were not pensioners so that the financial arrangements of pensioners and non-pensioners cannot be compared.

Skid row pensioners tend to be very independent about their meal arrangements. More than one-half of the earned retirement pensioners pay cash for each individual meal rather than purchasing meal tickets or making boarding arrangements. About one-fourth of these pensioners purchase meal tickets for a week or more in advance, but only 13 percent arrange for their meals for a full month in advance. The men on welfare pensions who are not on disbursing orders have a similar pattern, while the men on unemployment compensation tend to do even less planning ahead for their meals than the other two groups of pensioners.



This restaurant on West Madison Street has a choice of meals at prices ranging from 25c for a bowl of chili to 65c for short ribs, potato, vegetable, bread and butter. Even the pensioner getting less than \$3 a day can afford this diet.

Migration and Mobility

There is a mistaken notion that skid row residents are highly mobile, and float from one city to another at frequent intervals. The skid row homeless man often is identified with the nomadic hobo. In his book *The Hobo*, Nels Anderson discusses skid row as a community of hoboes, ex-hoboes, and transient workers who spend their off season in the big city. In his book and others, skid row was widely represented as a regional labor pool from which industrialists can draw to meet seasonal and emergency needs. Crews of workers for railroad maintenance, farm harvesting, logging and lumbering, highway and other construction in rural or remote areas, and cargo handling on trucking, steamship, and freight lines were recruited from the skid rows of Chicago, Minneapolis, New York, Seattle, Los Angeles and other major cities.

Although this may have been the situation before 1940, it certainly is not true now. Except for the "gandy dancer" and railroad commissary and freight yard worker (most of whom make one town their headquarters and return to it when a particular assignment is over), skid row is comprised of long-term residents who do not move about very much. In Chicago the vast majority of residents are legal residents of the state, and a substantial percentage were born in Chicago.

Movement between Chicago and other Areas

About 70 percent of skid row residents were in Chicago continuously during the 12 months prior to their interview. Only 30 percent had resided outside Chicago at any time during the preceding year. About 16 percent of the skid row men had shipped out for temporary railway maintenance jobs and then returned. Furthermore under normal circumstances one could expect an additional 10-15 percent of the men who live on skid row to be immigrants who have come to seek permanent jobs in Chicago with the intent of settling down for an indefinite stay if they are successful. *The typical present-day homeless man on skid row is not the nomadic type.* As an acknowledged "port of entry" for incoming migrants seeking to establish

themselves in Chicago, skid row has a substantial percentage of newcomers. Hence, although a migration rate for one year of 30 percent is roughly 5 or 6 times the national average, it does not necessarily denote massive amounts of wandering or floating. Undoubtedly many of the wanderers and floaters make use of skid rows, but today they are only a minor segment of the skid row population.

Only about 5 percent of the men interviewed spent less than 10 weeks in Chicago during the preceding year; the remaining 95 percent were there for a period of 2½ months or more. Residents of cubicle hotels were more mobile than residents of hotels with single rooms. The residents of skid row hotels with single rooms have a migration rate that is almost as low as that of the general population. But even in the cubicle hotels, about 94 percent of the men had spent 10 weeks or more in Chicago during the year preceding the interviews. (See Appendix, Table X.) The large number of older and handicapped men are often captive residents with neither the means nor the motivation to move to another city.

The only groups of mobile men were found living in missions or sampled from mission soup lines, and sleeping out and in jail. It is these groups, small in comparison with the total skid row population, which welfare workers most often encounter and which might explain the tendency to overestimate the mobility of skid row residents.

Not only are the skid row men less mobile than was thought previously, but when they do leave Chicago, they do not travel very far. Almost one-half of all regional visits were made to the states of the East North Central division, and about one-fourth were made to the states of the West North Central division. Apparently there is little circulation between Chicago's skid row and the Atlantic Seaboard, the Pacific Coast, or the Mountain divisions. The contact that is reported for these divisions and with the South is probably due in large part, to migrants from these areas arriving for a permanent or a semi-permanent stay in Chicago.

A disproportionately large share of trips were made between Chicago and:

Minneapolis
Detroit
St. Louis
New York City
Los Angeles
Milwaukee

These are all cities with major skid rows. But they are also either large nearby cities that have an unusual attraction for *all* of Chicago's residents, or areas that are attracting migrants from the entire nation.

There seems to be little evidence that such migration as does occur is extremely concentrated between a few major skid rows. Most trips are a departure from skid row to some remote point away from a major skid row, followed by a return. This pattern is created largely by "gandy dancers," who comprise a very large share of the mobile population.

Movement between Skid Row and other Types of Residences

Exact statistics concerning the rate of circulation between skid row and other residential areas are not available, but indirect information is available. More than 40 percent of the men on skid row had lived off skid row during the year. This may include residence in other neighborhoods before coming to live on skid row, leaving skid row to live in a labor camp, or moving out of skid row areas during times of steady employment and returning only when the job ended.

Unfortunately, there is no way to determine, from the sample for this study, the number of men who leave skid row each year. However, the total in-migration rate from all sources (in-migration from non-skid row areas in other communities and in-movement from other neighborhoods of the city) is about 40 percent. The total skid row population appears to be roughly constant in size or growing only slowly. This suggests that the rate of out-migration each year is also about 40 percent. Thus, for each 10 men one encounters on skid row, 6 have been on a skid row continuously throughout the year, and 4 are either newcomers or men who have lived a part of the year away. And for each set of 10 men there, 4 will drift out of skid row or die in the area. Some of those who leave will return from work camps, other skid rows, or from small towns they are visiting. Some will never return because they have improved their living conditions above that of skid row and moved into more desirable neighborhoods.



Many of the trips of homeless men are between Chicago and Minneapolis skid rows. The Minneapolis skid row, above, is on a square in the Lower Loop.



Another section of the Minneapolis skid row adjoins a park.



This mission-residence was built for homeless men in Minneapolis.

Death on Skid Row

To study the mortality rate of skid row in comparison with the population at large, the death records of the City of Chicago for 1955-57 were analyzed. A listing of cubicle-type hotels, with names and addresses, was used to isolate all instances of death of persons living at each of these addresses. The death records were then tabulated to show the age, color, and other characteristics for the decedents. Using information from the sample interviews, an estimate was prepared of the average number of men living at this identical set of addresses during the three year period. Death rates were computed by dividing the deaths by the estimated resident population.

Skid row men living in cubicle-type hotels are subject to death rates that are almost unbelievably high. Death rates of the magnitude calculated for skid row never have existed among the general population at any time in the nation's history. They are even higher than the mortality rates of India, Africa, and other places where the level of medical care is very low.

A first measure of the very great toll that death takes on skid row is given by the general death rate. In 1956, the general death rate among white males in the United States was 10.8 deaths per 1,000 residents; among white males living in cubicle-type hotels in Chicago in 1957 it was 70.0, or more than 6½ times as large.

A part of this difference could result from differences in age composition. However, a more exact way of making the comparison is to construct a life table for the skid row population and to compare the life expectancy at each age with the similar value for U. S. white males. The full impact of mortality upon the skid row population may be summarized by saying that *at most ages, skid row inhabitants may expect to live less than one-half as long as the general population of the same age.* For example, the average U. S. white male aged 50-54 may look forward to 23 additional years of life, but on skid row a typical resident of this age may expect to live only 10.6 years, or only 46 percent as long. Similar high mortality occurs for men of all ages in cubicle hotels, with much higher mortality among the older men.

The death statistics upon which the above findings are based are almost certain to be an underestimate. Deaths were included only where the decedent could be definitely allocated to a specific address. Skid row men without a permanent place to stay, who died out-of-doors or who were found wandering the streets in a condition of serious illness and rushed to a hospital where they died, would not be included in these tabulations. One can only speculate on how much higher the true skid row death rate is than the estimate shown here.

Circumstances of Death

A conservative estimate is that about one-half of the skid row deaths occur without benefit of medical attention immediately preceding the terminal illness. This is indicated by at least two items of information. First, only 39 percent of the 1,012 death certificates allocated to the cubicle-type hotels in the years 1955-57 were signed by an attending physician; the remainder were certificates issued through the Coroner's office. Second, almost one-half of all deaths occur under circumstances where it appears that medical attention was not given or arrived too late. The deaths of the skid row men occurred in the following places:

Total, percent	100
Probably with little or no medical care..	52
Died in the cubicle.....	42
Died en route to hospital.....	5
Place of death unspecified.....	5
Probably with some medical care.....	48
Died in Cook County Hospital.....	39
Died in other hospital or convalescent home	6
Died in jail.....	3

In a high percentage of cases the men who are not on General Public Assistance or some other pension program that guarantees them minimum medical care simply are found dead in their cubicles by the maids when they clean in the morning, and the bodies are turned over to the police. At the Monroe Street Station, one officer is kept busy almost continuously trying to locate relatives and attending to other matters incidental to deaths of this kind.

Interviews with hotel managers revealed some rather heart-breaking stories of unsuccessful efforts to get a physician to visit residents who had lived in the hotel for several years and who were known. Welfare rules prohibit such a visit unless the man is a regular welfare client. A private physician performs an act of charity if he responded to a call to such an address. Often, the hotel manager himself calls the doctor for a man who has been a long-term customer, and pays for the doctor's visit. Sometimes a man's friends will contribute enough money to get a doctor. However, if the man is unknown in that hotel, there is almost nothing he can do to get medical aid.

The down-and-out stranger on skid row is helpless against illness and accident. He is alone, with his family not knowing where he is, without enough money, and in a situation where death is almost a weekly occurrence. There is no law that requires anyone to give him emergency aid, and there is no systematic program of private charity to help him. All too often the death is avoidable. For example, a single shot of antibiotics might give a sick man a fighting chance against pneumonia. It may be difficult for a dying man to excite any attention on skid row; death sounds are not too dissimilar from the noises of common drunkenness.

Cause of Death

Because of the circumstances surrounding their death (lack of prior medical attention), the cause of death is frequently unknown or only vaguely defined. Unless an autopsy is performed (and in most cases an autopsy is not performed upon homeless men found dead), the cause of death cannot be stated exactly; the coroner (or his representative) makes the best possible guess from external evidence. For purposes of comparison, the following table contrasts the death rates on skid row and the general population. From this evidence it may be seen that mortality among homeless men is considerably greater than among the general population, for the following causes of death:

Cause of Death	Ratio of Skid Row Rate to
	National Rate for Males
Heart disease, type not specified . . .	233.0 times as large
Tuberculosis	36.9 times as large
Alcoholism and alcoholic psychosis . . .	16.0 times as large
Accidents from falls	14.7 times as large
Pneumonia	14.2 times as large
Cirrhosis of the liver	11.0 times as large
Other diseases of respiratory system . .	9.4 times as large
Suicide	5.1 times as large

It has been demonstrated in other studies that the skid row area is an important incubator of tuberculosis infection. This has an immediate effect upon the general population because skid row workers come into direct contact with the general public in a variety of ways. The most common contact is in restaurants, where they are often hired temporarily to meet overflow crowds on week-ends and during conventions.

If one applies any one of the factors used by public health officials to measure the prevalence of tuberculosis as a ratio of the tuberculosis death rate, one cannot avoid concluding that a large percentage of the skid row population is tubercular. The cubicle-hotel, with a minimum of sunlight, ventilation, and cleanliness, provides a good environment for the culture of tuberculosis.

The long continued exposure to the elements, poor diet, inadequate clothing, and excessive drinking which occur on skid row contribute to many respiratory ills. In the winter, almost everyone on skid row has a cold. The sidewalks are strewn with sputum (one respondent stated sarcastically that skid row gets its name from the thousands of "oysters" on the sidewalks!) and infection spreads easily in cubicle hotels where the air breathed by each is shared by all.

Accidents often occur to homeless men as pedestrians, as they are struck by passing automobiles. The accidental deaths from "falls" are partly the work of jackrollers, partly the result of fighting while drinking, and partly a self-inflicted by-product of drinking. Many men experience severe depression and suicidal tendencies after episodes of heavy drinking, and the discouragement of skid row life also tends toward suicide.

Season of Death

There is a definite seasonality to death even among the general population, where a disproportionately large share of all deaths occur during the winter months. The winter months are even more severe for homeless men on skid row. The following summary shows the situation:

Season	Percent of Deaths	
	Skid Row	U.S. Males
Winter	30.5	26.2
Spring	25.0	25.7
Summer	18.2	23.9
Autumn	26.3	24.2
Total	100.0	100.0

Selected Attitudes of Skid Row Residents Toward Employment, Housing and Each Other

Among the residents of Skid Row are a significant number (approximately 4,500 to 6,000) of the homeless men who are there because of poverty. They fall into two main categories: first, old men who live on small pensions or public welfare payments, and secondly, unskilled and poorly educated men who are unable to successfully compete in the job market.

One way to improve the lot of this latter group would be to offer them some kind of training that would allow them to rise out of the ranks of unskilled laborers and to acquire better and more satisfying work. In order to find out whether the men had any interest in such a program they were asked, "If you could get free training to prepare you for a better job, would you be interested in taking it?" Those who answered "No" were asked "Why?" and those who answered "Yes" were asked what kind of training they would like to get.

Three-fourths of the men said they would be interested in obtaining free training, while only one-fourth reported no interest. The reason most often given for not being interested was that they were too old or sick. This answer was especially frequent among the men who were physically handicapped. Most of the remainder of those not interested reported that they were satisfied with their present job. Only about 2 percent said they were not interested because they could not or would not want to learn.

Of course, this was only a hypothetical question, and does not necessarily bear any relationship to what the men would actually do if given the opportunity to get free training. However, the desire for vocational retraining was frequently verbalized.

When asked what kind of training they would like to get, almost one-half wanted to learn a craft. Also, a substantial number wanted to learn to be operatives in factories.

Since many of the men on skid row are veterans, free vocational training has been available to them under the "G.I. Bill." All veterans of World War II and the Korean War were asked, "Did you try to get

training under the G. I. Bill? (If not, why not?)" Of all men on skid row, 38 percent were veterans and had been eligible for veterans educational benefits. Of these, 10.7 percent of the men, or 28 percent of those who had been eligible, had taken such training. About the same percentage of heavy drinkers and light drinkers had taken additional training.

Eligible veterans gave two major reasons for not taking advantage of their veterans benefits: they had not been interested in training then, and they had been anxious to earn money when they got out of service. Smaller proportions reported they had family obligations. About 5 percent confessed they were too restless to study, and an additional 5 percent said they know they couldn't complete a program of training because of heavy drinking. Ten percent said they doubted their own ability. These self-doubters were teetotalers or light drinkers as frequently as they were heavy drinkers.

Attitudes toward Living on Skid Row

When this research program was first conceived, the researchers asked themselves, "How do the men themselves feel about living on skid row?" "Are they satisfied with their life?" "Is this way of living what they really need and want in order to be happy?" "If Chicago did something to improve their living and other conditions, would the public merely be imposing its standards of respectability and comfort upon a group that feels no need for such improvement?" In order to explore this subject, the men were asked a sequence of questions about how well they liked skid row living, and what things they liked or disliked about it.¹

¹One important qualification must be called to attention in connection with this section and the section on "attitudes toward each other." The findings are derived from the statements made by the skid row men themselves and, even though the statements were elicited by skilled interviewers under assurance of complete anonymity and confidentiality, they cannot always be taken at face value as is noted at various points in the text of the NORC report. Notwithstanding this limitation, the findings which follow are very important in revealing the dissatisfaction and some of the physical and social conditions which produce this frame of mind.

Contrary to what may be popular belief, most homeless men stated they disliked their way of life. Seven out of each ten men interviewed reported a dislike for living on skid row, and only two in each ten said they liked it. By tabulating separately the verbal comments made by the men as they answered, counts were kept of those who indicated extremes of like and dislike—those that indicated they “like skid row life very much” and those who said they “dislike it very much.” Only 10 percent of the men were sufficiently enthusiastic to receive the “like very much” classification, whereas 22 per cent showed enough aversion to be categorized as “dislike very much.” Men living in cubicle type hotels were much more negative about skid row life than those living in hotels with rooms. The most intense dislike for skid row life was displayed by those living in missions or selected for interview from mission soup-lines. Supposedly, this group is the most depressed by skid row living, and hence has the greatest incentive to dislike it.

However, 84 percent of the men mentioned at least one thing about skid row that they liked. Most frequently mentioned were:

Things Liked	Percent of Men Mentioning*
Cheapness of living	57
Employment opportunities nearby, other economic facilities	25
The people	24
Hotels, living accommodations.....	11
Freedom to do, dress, as you please.....	7
Mission activities	7
Interest, excitement, variety of the life....	7
Welfare and community facilities.....	4
“Feels at home” here, has friends.....	3
Drinking facilities, taverns.....	2

*Percents add to more than 100 because each person could mention several different things liked.

Surprisingly enough, comparatively few men gave responses that would suggest they found skid row life satisfying. Responses of “feel at home,” of “find life here interesting or exciting,” or “you can be yourself and do as you please,” were given by only a small fraction. Most of the likes expressed referred to the hard facts of economics and livelihood—the cheapness of living and proximity to employment opportunities, welfare units, and missions. More than one-half (57 percent) mentioned the lower cost of food and shelter as something liked about skid row. For a large percentage of the men, this was the only thing favorable they could find to say about their neighborhood. Only 24 percent of the men voluntarily expressed a liking for the other people, their fellow residents.

The men who lived in cubicle-type hotels in the West Madison area liked fewer things about skid row than those living in other areas and those living in hotels with rooms. In general, a higher percentage of the men living in hotels with rooms than the men who lived in cubicles like the freedom and the feeling of being at home, and found skid row life interesting.

When asked “What DON’T you like (are there things you DON’T like) about living here?” almost everyone also was able to mention at least one thing he did not like about skid row living. Surprisingly, the two things homeless men mentioned most frequently were (a) the other homeless men; and (b) drunkenness and heavy drinking; 61 percent reported they did not like at least some of their neighbors, and 39 percent did not like the prevalence of drinking. The frequency with which various things were mentioned as disliked is as follows:

Things Disliked	Percent of Men Mentioning
The people	61
Drunkenness and heavy drinking.....	39
Low status of skid row residents.....	27
Poor living conditions, hotels.....	24
Skid row symbolizes failure.....	18
Dirt, deterioration, poor health conditions	12
Physical mistreatment	7
Eating places	5
Economic exploitation	5

Although the men are unhappy with physical conditions, their spontaneous complaints were overwhelmingly directed toward *social situations and other people* in the area. Society at large is unhappy about skid row because of the social conditions that exist there, and the way people behave who live there. The men themselves are unhappy about skid row for exactly the same reasons. Dissatisfaction with the material aspects—housing, physical deterioration, the physical environment—was mentioned by only about one-third of the men who made any complaints. Although this is a high level of discontent with housing, and is strong indication that urban renewal is needed, these results suggest that physical renewal is only a part of the problem; even the homeless men themselves realize this.

Having localized the major positive and negative attitudes toward skid row, the interviewer tried to get each respondent to amplify his feelings and to describe them in more detail. This took the form of probing in two directions: (a) his attitude toward his hotel and housing situation, and (b) his attitudes toward his fellow homeless men.

Attitudes Toward Housing

In order to learn how homeless men feel about their housing, each was asked, “How do you like living in this (hotel) (rooming house) (other lodging place)?” Roughly one-half (47 percent) of the men who expressed an opinion about their hotel stated that they liked living there, while 30 percent reported outright dislike for their present place of residence.

An additional 16 percent reported that they disliked their present place of living but considered it better than other places on skid row. (The remainder of the men were noncommittal). Thus, almost one-half of the men like and one-half dislike their present living situation. The number and variety of things disliked was considerably greater among residents of cubicle hotels than among hotels with rooms, and is somewhat greater on West Madison Street than in the other skid row areas.

Roughly one-quarter of the men volunteered the information that one of the things about skid row they dislike was the housing situation. At least 45 percent expressed dissatisfaction. Both of these figures reveal impressive dissatisfaction. Yet it is evident that there are other serious troubles. Seventy percent showed a general dislike for skid row living, while only 46 percent disliked their housing.

Among the characteristics important to homeless men when they select a place to live, the following seven items stood out above all others:

Things liked	Percent of Men Mentioning
Cleanliness	31
Other residents of the hotel.....	22
The management, way clerks treat them....	22
Quiet	19
Hot water, bathing facilities.....	15
Privacy (hotels with rooms, rooming houses)	10
Less drinking, less rowdiness than other hotels	7

Questions concerning liking for elevators, fireproof construction, laundry facilities did not have a chance to receive a large vote because many hotels do not have these facilities, and the man was being asked to evaluate his particular place of residence. When encouraged, 80 percent of the men were able to mention at least one thing about their abode that they liked.

In many ways, the things disliked about the hotels in which they live are simply the reverse of the things liked. In response to the query, “And what DON’T you like about living in this (hotel, etc.)?” the following list of “gripes” emerged:

Things disliked	Percent of Men Mentioning
Dirt	19
Noise	18
Rooms (cubicles) too small.....	17
Too much drinking, rowdiness.....	17
Other residents of the hotel.....	16
Poor bathing facilities, not enough hot water, not enough toilets.....	6
Theft of belongings, jackrolling.....	4
The management, way clerks treat them....	4

More than one-third of the men could not mention anything about their living situation which they disliked, and hence appeared to be fully satisfied. This is a very important finding. Almost one-half of the men on skid row like their living place and more than one-third find no faults with it. This suggests that some of the places to live are good and well-operated, even though others may be bad and poorly operated. In order to test this hypothesis the responses to the question, “How do you like living in this place?” were tabulated separately for each hotel. This permitted a rating of each hotel according to the percentage of residents who reported they liked living there. Although the rules of confidentiality prevent a reporting of the score for each hotel by name, by grouping the hotels it is possible to learn to what extent the men rated them as being “all alike”—and to what extent they rated some as being much better than others. Following is a summary of the intensity of the likes or dislikes for the lodging places:

Percent of Residents Who Report They Like Living in Their Present Place of Residence			Number of cubicle hotels	Number of hotels with rooms
Total			34	37
90 to 100 percent like living here.			6	18
70 to 89 percent like living here.			3	1
50 to 69 percent like living here.			9	7
25 to 49 percent like living here.			9	2
Less than 25 percent like living here			7	9

Some hotels have only satisfied residents, while almost everybody dislikes living in other hotels. It seems there is a very great variation among the hotels in their physical condition, in the way they are run, and in the way the men are treated. In order for a hotel to obtain 90 to 100 percent approval by its occupants, it would appear that the management has made a determined effort to provide those items that the men like and to minimize the things that the men indicate they dislike. One-third of the hotels (6 cubicle-type and 18 hotels with rooms) received such a rating. Conversely, when more than one-half of the residents dislike the place in which they live, it would appear that the building is so old and the management is so greedy to maximize profits that almost nothing is done to furnish the things the men like and to eliminate the things they dislike. Yet almost one-half of the hotels fall in this category (16 cubicle hotels and 11 hotels with rooms). On the basis of these ratings, one might classify all hotels on skid row into three categories:

	Cubicle Hotels with hotels	rooms
<i>Acceptably good and well operated</i> (rating of 70 to 100 percent) . . .	9	19
<i>In need of rehabilitation and possible change of management</i> (rating of 50 to 69 percent)	9	7
Could be demolished	16	11

It is not suggested that the votes cast by the men be adopted as the criterion for action. These calculations were made merely to show the extreme differences in the quality of hotels on skid row, and that the men themselves are aware of this. *When plans are made to renew skid row areas, thought should be given to capitalizing upon the knowledge and experience of the good hotel managers, instead of making the mistaken assumption that all are bad.* Similarly, care should be taken to avoid listening to the counsel of operators whose record is not good.

What Homeless Men Think of each Other¹

Exploratory and experimental studies had hinted that homeless men felt very little sentimental attachment for each other. To test this hypothesis, the question, “*What do you think of the other men that live on this street?*” was included in the interview. The results reveal that 40 percent of the respondents showed open dislike for the other men and an additional 26 percent were noncommittal or ambivalent. Thus, less than one-third of the men said they liked other homeless men. The level of dislike was higher on West

Madison Street than in other skid row areas. The men who live in single rooms tend to dissociate themselves from skid row, and hence were considerably above-average in showing dislike for the other residents.

However, when asked “*What DO you (is there anything that you) like about the men?*”, the vast majority of the men (85 percent) were able to think of at least something they liked about the skid row residents or that would express tolerance for or sympathy with them. The things mentioned, ranked in order of frequency of mention, are:

Things Liked	Percent of Men Mentioning
Congeniality—friendly, good to talk to . . .	41
Security—they will help you when you need it	20
Empathy—respondent feels sorry for them, pities them	19
Impersonality—don’t ask questions, leave you alone	15
Identification—they are my kind, like me . .	12
Industry—they work, earn their own way . .	11

Some of the above categories, into which the multitude of responses were fitted, certainly do not specify traits or characteristics of the men. Instead, they reflect the kinds of things the respondents said when asked to say something nice about close neighbors for whom they have little feeling.

In contrast to the statistics just cited, 93 percent of the respondents had at least one critical comment to make when asked the question, “*What DON’T you (is there anything that you DON’T) like about the other men that live on this street?*” Their complaints were quite specific and detailed. Several of these criticisms were directed to all of the residents generally, while many of them were directed toward

¹An additional qualification is necessary here. The Continuation Study of the Homeless Man on Skid Row (see Preface) concerned itself with the social and psychological characteristics of the men on skid row. These findings indicated that about three-fourths of the men were suffering from personal maladjustments of some kind. The extent to which this proportion is high, as compared with men in the general population, is not ascertainable, however, because systematic data pertaining to the general population are not available. About one-half of the men were rated as somewhat disorganized because of internal conflict, and 16 percent were rated as badly disorganized. It would be more difficult for these men to maintain “normal” relationships with others. Hence, the high degree of dislike for others may stem from personal problems as well as the external characteristics of the others.

The findings are important in showing the lack of “community spirit” as well as the specific characteristics which the men find acceptable and unacceptable in each other.



Homeless men share the general disdain for the alcoholic derelict. Most men on skid row are not alcoholics and resent being thought of as drunken bums.

specific groups. The most common dislikes, ranked in order of importance, were as follows:

Things disliked	Percent of Men Mentioning
Drinking—they drink too much.....	63
Begging—they bum you, look for a touch..	23
Jackrolling—too many jackrollers.....	21
Other crime—numbers, rackets, theft....	18
Laziness—lots of them won't work.....	15
Noisiness, rowdiness	14
Belligerence—they fight, bully each other, quarrel	10
Personal hygiene—they are dirty, not clean.	11
Abnormal personalities—physically, mentally deteriorated	10
Coarse language—they talk rough, loud....	6
Filthy habits—spitting, public urinating, etc.	6
Lack of generosity—they won't help you...	6
Low cultural status—low level of intelligence	5
Dishonesty—they cheat, steal.....	4
Lying, excessive bragging, false pretenses..	3
Unhealthy—they are diseased, not healthy..	3
Unkempt appearance—they don't shave, bathe, take care of themselves.....	2

As a further probe of this situation, each man was then asked, "*How many close friends do you have here?*" The results were:

39 percent of the men have no close friends on skid row

45 percent of the men have only a few close friends there

16 percent of the men have a great many close friends there

Those who reported having no close friends were then asked, "*Why do you suppose you have not found any friends among the men here?*" The answers received fell into four categories:

Reasons for having no friends on Skid Row	Percent of Men Mentioning
I don't want to be friends with these men.	63
You can't trust these men.....	8
These men are incapable of friendship...	18
I haven't been here long enough to make friends	11

If a respondent said that he had at least some friends or many friends on skid row, he was asked, "*Are your friends different from the other men on the street? In what way?*" About three-fourths of those who had friends claimed that these friends were different from the other men on the street:

How are your friends different from other men on the street?	Percent of Men Mentioning
My friends are different.....	73
I can trust my friends; they will help me if I need it.....	31
My friends drink less than the others....	20
My friends work, work steadier.....	20
My friends are more "normal," more like other people	18
My friends are "better"—cleaner, better dressed, better jobs.....	11
My friends are not bums, do not beg....	5
My friends are not different.....	27

These data present a picture of the skid row social world that is far different from the public image. Here we have a neighborhood where only 31 percent of the inhabitants say they like their neighbors, and where only 16 percent have more than just a few close friends (with 39 percent having no friends at all). When asked why this situation exists, they express strong aversion for the kinds of people who live on skid row, and state bluntly either that they don't want to associate with these men or else that they aren't the kind of people with whom you can make friends. When friendships are formed, the friends are thought of as being "different" (in the sense of

being better) from the other residents rather than being normal citizens of the area. If asked what he dislikes about these men, he criticizes them in terms that one would expect a critical outsider to use — the drunkenness, the begging, the jackrolling, the noise and rowdiness, the laziness, and the lack of cleanliness. Moreover, this entire complex occurs in a situation in which the individual man dislikes living here, even though he may not dislike his particular hotel or rooming house.

Under these circumstances, one can only conclude that *any conception of skid row as a tightly-knit, well integrated and organized community (where most of the residents interact freely and have a common culture and tradition) is a complete myth.* Instead, skid row seems to be composed largely of discontented individuals who live in semi-isolation, who have few if any close friends, and who survive by being suspicious of everybody. Almost one-half of skid row's population is forced by weight of simple poverty — due to inflation, disability, small pensions — to live among a group of people it dislikes, fears, and avoids. The men dislike living in a type of housing (cubicles) that give them no insulation from the sights, sounds, and smells of chronic alcoholism — either during the daytime or at night. They resent the low social status that they acquire by reason of having a skid row address which identifies them with alcoholism.



If some homeless men are unsociable, many others have formed warm friendships. This friendly group is on North Clark Street, where homeless men and Puerto Rican families live as close neighbors.

Chicago's Present Activity

By assembling data from the several organizations that assist skid row men and by making conservative estimates where data cannot be assembled directly, it is estimated that a grand total of \$463,550 each month (\$5,562,600 per year) is expended in assisting or supporting homeless men in Chicago. The following pages describe the nature of this support and the sources from which it comes. An estimated three-fourths of this very large expenditure is devoted to meeting the day-to-day needs of the men or to police, legal, or administrative expenses that have no long-run effect in diminishing the size of skid row or rehabilitating any skid row resident.

The City of Chicago lags behind the private agencies in rehabilitation or remedial efforts. The fact is that the City pays \$4,719,948 per year into the skid row areas for police, municipal courts, welfare, medical care, and inspections in excess of what would be necessary if this were a "normal" residential area. Only about three percent of this is directed toward salvaging the men, shrinking the area, or diminishing the magnitude of the problem.

The problem of the homeless man and of skid row is not a new one for Chicago. For more than three-quarters of a century, both public and private agencies were aware of the "down-and-outers" who congregate at the heart of the city.

At periodic intervals special investigations have stimulated a major forward step in improving the conditions of skid row. Inasmuch as one of the principal goals of the present research is to prepare another forward stride (with special emphasis upon land clearance, rehousing, personal treatment and a long-run and enduring shrinkage of the problem) it is important to take an inventory of what already is being done in behalf of these men.

With such an inventory, it is possible to map out what would be an "ideal" program, to compare the present program with the ideal, and, finally, to make plans for progress toward the ideal program, keeping in mind items of budget, needs of competing programs, and the present state of knowledge about how to remedy each of the problems. The present chapter is an inventory of what now is being done in Chicago.

There are in Chicago no less than thirty-nine different agencies that have activities or programs designed to lend aid or otherwise deal with the problem of homeless men on skid row.

The statistics reported here were submitted by the agencies themselves. The descriptions were prepared by the study director and submitted to the agency for its approval. In all cases the recommended changes suggested by the agencies were incorporated in the statements that appear here.



The Olive Branch Mission, on West Madison Street, is one of the oldest and most successful missions on skid row.

Inventory of Services Rendered to Skid Row Men by Public and Private Agencies During a Typical Current Month, Chicago, 1959

T O T A L

	All Chicago Agencies	Public Agencies	Private Agencies
Type of Service			
Number of meals given without charge:			
To "walk ins" from street	68,656	90	68,566
To residents in rehabilitation program	373,854	328,680	45,174
Number of man-nights lodging—no charge:			
Temporary (1-3 nights only)	14,758	—	14,758
More permanent ...	125,778	109,560	16,218
Number of men counseled:			
Alcoholism	16,472	1,882	14,590
Economic, medical and welfare problems			
Religious, spiritual problems			
Attendance at religious services:			
"Walk-ins" from street	52,644	—	52,644
Residents — men in program	9,940	—	9,940
Clothing given away: (equivalent to full set of clothing)	5,674	—	5,674
Medical treatment given (number of men)	2,852	1,257	1,595
First aid treatment given (number of men) ..	924	400	524
Dental treatment given (number of men)	72	—	72
Jobs arranged for men:			
Temporary (number of jobs)	6,959	5,336	1,623
Permanent (number of jobs)			
Recreation:			
number of men	31,676	30,057	1,619
Total man-months devoted to homeless men	443	244	199
Number of professional or administrative man-months devoted to homeless men	135	73	62



Many homeless men have received emergency care, food, clothing and a place to sleep at the Cathedral Shelter on West Madison Street.

Summary of Public Expenditures on Skid Row

Following is an estimate of the expenditures by public agencies, city, county and state, made in Chicago on behalf of skid row men. The total expense (when multiplied by twelve to convert from months to years) shows that skid row costs the taxpayer \$4,719,948 per year in excess of what would be necessary if this were a "normal" residential area.

Agency	Amount per month	Manpower (number of employees)
Board of Health of Chicago	\$ 500	2
Chicago Alcoholic Treatment Center	3,486	5
Chicago Department of Buildings	700	1
Chicago Department of Fire Prevention	4,200	8
Cook County Department of Public Aid	248,800	30
Cook County Hospital	58,000	32
Illinois State Employment Service	2,300	5
Municipal Court—judicial activities	4,000	10
Municipal Court—social services	677	1
Oak Forest Hospital	12,000	16
Police Department	57,966	131
Reading Room	700	3
Total	\$393,329	244

In making these estimates, a consistent effort was made to be conservative and to include only costs that are being incurred *in excess* of the costs of a "normal" residential neighborhood. It is very probable that the true total, if it could be known, is more than five million dollars.

What does Chicago buy with this money? Essentially, it purchases these commodities:

Purpose	Monthly Expenditure	Percent of Total
(a) Care of indigent skid row residents of Illinois (Department of Public Aid, Cook County Hospital, Oak Forest Hospital)	\$318,800	81.0
(b) Repetitive arrest and overnight detention of chronic alcoholic skid row men (Police and Monroe Street Court—judicial activities)	61,966	15.8
(c) Inspection and enforcement of codes for health and safety (Board of Health, Chicago Department of Buildings, Department of Fire Prevention)	5,400	1.4
(d) Rehabilitation (Alcoholic Treatment Center, Reading Room, Municipal Court—social services department, Illinois State Employment Service)	7,163	1.8
Total.....	\$393,329	100.0

At the present time Chicago seems to be doing little toward arriving at a long-range solution to the skid

row problem. Only 3.2 percent of the City's total expenditures in the skid row area might be considered as attempting to improve conditions, help the men toward rehabilitation, and to remedy the underlying conditions that create skid row. More than 80 percent of the expenditures are devoted to keeping people alive at the minimum level of subsistence our morals allow. None of the agencies in Group (a) above has a budget for a vigorous rehabilitation program. They are seriously understaffed, overworked, and short of funds to offer more than minimum care to the ill and impoverished. There are no facilities, staff, or funds for rehabilitation or prevention of skid row conditions.

An additional 15.8 per cent of the public funds are expended in arresting chronic alcoholic men, detaining them overnight and turning them loose again on the streets the next day, so that they are rearrested, redetained, and rereleased again and again. This serves only two useful functions — (1) to protect the drunken man from exposure to the elements, and (2) to cull out the ones who are too weak, too sick, or too mentally deteriorated to be released for another day in the taverns. It does nothing to help any man to stop drinking. The Referee at Monroe Street Court screens one hundred twenty-five to two hundred men in less than one-and-a-half hours, which gives him between forty-five seconds and one minute for each man.



The Reading Room, operated by the City of Chicago, provides a place to pass the time in reading, meeting friends or keeping warm in the winter days.

At the present time the active constructive programs of the city, county, and state consist of (a) alcoholic treatment for seven skid row men (out of a total of at least 4,800 who need it); (b) brief counseling and advice from overworked social workers at the Department of Public Aid, Cook County Hospital, and the social worker at the Monroe Street Court; (c) an opportunity to read or to clean up at the Reading Room; (d) a chance to work at spot labor through the Illinois Employment Service; and (e) enforcement of the city's building code that has been modified by special arrangements in such a way that living in 5x7 cubicles is legal.

Chicago's skid rows have improved. Public activities are very important and have contributed to these improvements in the past few years. They are not enough, however, to provide a full-scale program of rehabilitation and reduction of skid row.

Summary of Private Expenditures on Skid Row

The private agencies perform two important functions for the homeless men of skid row. The public agencies do comparatively little work of these two types:

(a) Private agencies provide emergency care for men who are completely destitute. The man who is "down on his luck" and has absolutely no money can get help to "keep going." He can get better clothes, if he needs them, meal tickets or free meals by attending mission services, and a free night's lodging at a mission. Agencies give preference to "deserving" men who are victims of circumstances or poor judgment, but not to alcoholic derelicts or professional beggars who show few evidences of trying to get off skid row. Private agency help is especially useful to the person who is not a legal resident of Illinois, who is waiting for his welfare status to be determined, or who, for any reason, does not know where he will get his next meal or sleep the following night. The amount of emergency help given is really impressive, as shown in the following summary of private agency activities:

Activity	Number per month
Meals given without charge to "walk-ins" from street, after religious service.....	68,566
Man-nights' lodging (beds) given away without charge to "walk-ins" from street, referrals, after religious service.....	14,758
Clothing given away (equivalent to complete sets of clothing—trousers, shirt, shoes, coat)	5,674
First-aid treatment given.....	524

(b) Private agencies perform almost all of the efforts that are made to accomplish a long-range rehabilitation of these men. Whereas the long-range plan of the public agencies is one of "containment" and caring for the minimum physical needs, the private agencies place great emphasis upon trying to cause a

fundamental change in the personality or situation of the man so he may leave skid row and maintain himself in the outside community. Almost all of the present effort to solve the problem of skid row is made by private missions or other private groups, working independently. The following summary illustrates the situation:

Agencies with Rehabilitation Program	Estimated number of men under treatment at present time
Total Skid Row men being treated for alcoholism and other personal problems	640
*Public agencies	20
Private agencies	620
Cathedral Shelter	6
Catholic Charities	22
Chicago Christian Industrial League	90
Chicago United Mission.....	10
Olive Branch Mission	32
Pacific Garden Mission.....	40
Peter Maurin House.....	15
St. Leonard's House.....	10
Salvation Army—Harbor Light Center	180
Salvation Army—Men's Social Service Center	200
Sunshine Mission	15

*This is just a rough estimate, assuming that seven men are in the Alcoholic Treatment Center and about thirteen are at Manteno or other public institutions.

In terms of the total needs of the area, the private agencies are limited by lack of funds and a program which places considerable emphasis on spiritual salvation. The private agencies spend about \$70,000 a month on skid row—about 15 percent of the total expenditures for the area.

The total volume of services performed by private agencies in trying to influence the lives of homeless men, however, is really substantial, as the following summary of their activities shows:

Activity	Men helped per month	
	Private	Public
Counseling:		
(a) To help overcome alcoholism	14,590	1,882
(b) To help solve economic, medical welfare problems.		
(c) In religious, spiritual matters		
Permanent and temporary jobs arranged for	1,623	5,336

About one-fourth of all meals and lodgings provided for homeless men are distributed by private agencies. More than four-fifths of all counseling for alcoholism and for economic, medical, welfare, religious, and spiritual problems is made by private agencies. Over half of the medical and first-aid treatment given is through private agencies.

Private agencies have provided more than one-fifth of all jobs secured for homeless men. The volume of recreation services by private agencies appears to be low in comparison to the total (approximately 95 per cent of recreation services are provided by public agencies).

Almost one-half of all personnel working with homeless men are connected with private organizations.

This enumeration of activity includes many repeats and duplications. In one month, a man may be seen only once or almost every day and counted separately each time. Hence, it is impossible to know the exact proportion of the skid row population that the missions reach.

Furthermore, it is impossible to know to what extent these men are involved in mission programs other than accepting the food and lodging provisions. It is beyond the scope of the present research to evaluate the scientific validity of the missions' programs in rehabilitating the men or attaining a basic change in their personality so that they could function off skid row. However, many experts feel that an effective rehabilitation program should include a greater emphasis on social, psychological, and physical rehabilitation techniques than the missions are now providing.

So far as the long-term shrinkage of skid row is concerned, the public agencies are doing little and the private agencies are attempting it in a highly particularistic and uncoordinated manner. Scientific experimentation which would evolve techniques and a willingness to discard old ideas and old methods which were not very effective in the past is not evidenced by either the public or the private agencies. There is little cooperation evidenced between private agencies or between private and public agencies to map out a major rehabilitation program.



The modernized Pacific Guardian Mission is a primary resource for emergency shelter on South State Street.

Summary of Problem

Health and Welfare

At least one-half of the residents of skid row are either teetotalers or else men who drink in a controlled manner, whereas the remaining men are alcoholic derelicts or heavy drinkers, and moderate drinkers who soon may become heavy drinkers. This strengthens the conclusion that there are basically two kinds of homeless men on skid row: (1) the men who are here primarily because they are disorganized and have a drinking problem and (2) the men who are here primarily because they are poor and do not have enough income to live elsewhere or who choose to live here for personal reasons. A composite picture of these groups using the evidence presented in previous chapters, would be as follows:

Group A. Homeless men who live on skid row because they are poor or for other personal reasons

Classification	Percentage Distribution
Elderly men, no drinking problem.....	11.9
Non-alcoholic, employed	14.9
Non-alcoholic, not employed.....	16.3
Disabled	9.7
Not disabled	6.6

Group B. Homeless men on skid row who are alcoholic derelicts or heavy drinkers

Classification	Percentage Distribution
Potential alcoholics	23.8
(This group falls between Groups A and B)	
Problem alcoholics (heavy drinkers)...	19.7
Alcoholic derelicts	13.0
Other	0.4



Winter has special hazards for men on skid row. Exposure to the elements often aggravates their illnesses. Some of the men are too poor or too negligent to own warm coats and adequate shoes.



Group A. Most of these men have accumulated from the most poverty-stricken segments of Chicago and the nation. Many are old men who live on very small pensions (Social Security, military pensions, or public welfare). Others are the least educated, most unskilled, and least employable men in the labor force and hence, the ones who have "lost out" in the competition for better jobs. Some are immigrants from Europe who "failed to make good" and who have reconciled themselves to living on skid row. Here also are the non-alcoholic Negro from the South who has been unable to find work and the widowed old man who has no relatives with whom he can live and who is no longer able to work. Here are the men who have steady employment, but at jobs that pay substandard wages. The migrant worker who had come to the city to find work, who has exhausted his funds and is taking spot jobs or just any jobs to get along, is also in this group.

Some of the men in this category are not poor by the standards of skid row. Over 7 per cent of the men on skid row are teetotalers or light drinkers who had a yearly income of over \$2,500. For reasons of their own, such as proximity to work, companionship, or personal problems, these men choose to live on skid row rather than in other communities.

The men who control their drinking are not necessarily "lost souls" in the sense used by the mission preacher whose sermons about repentance are sometimes less important than the meals the missions serve. They are "lost souls" economically, and most of them, at the present time, can only look forward to a life of economic hardship. They are the men hardest hit by inflation, the losers in the competition for steady jobs.

Non-alcoholics or controlled drinkers comprise 42 per cent of the skid row population. At this stage of the analysis it is impossible to say precisely why they are on skid row. Poverty is certainly the greatest factor. The other causes which act in conjunction with poverty or separately are less clear. Almost invariably it is a combination of causes which bring a man to this community. The Continuation Studies (see Preface) may reveal some of these causes. In the preliminary report of the

Continuation Studies, irregular employment or unemployment was mentioned as a cause for 49 per cent of the teetotalers and light drinkers being on skid row. Other causative factors were marital discord, low standards of living, social maladjustment, wanderlust, poor health, cultural conflict, discontinuance of family, and old age.

Group B. The problem of poverty compounds the problem of alcoholism. Problem drinkers and alcoholic derelicts comprise 32.7 per cent of the skid row population. Potential alcoholics add another 23.8 per cent. Although some older men (pensioners, regularly employed workingmen, and a small percentage of those on public assistance are in this group) the *majority* are young or middle-age men. These men are irregularly employed either as spot job workers or railroad maintenance men, they draw unemployment compensation when unemployed. Some of the men are totally unemployed, beg other homeless men for drinks or live off the missions. They tend to be Americans whose parents were native-born — and a disproportionately high percentage of them are of Irish ancestry and come either from the South or from a metropolitan area.

The continuation study indicates that 84 per cent of the men with chronic alcoholism had a severe drinking problem before coming to skid row. Furthermore, prior economic hardships were almost always present in each man's life. This factor of economic hardship is quite important in bringing a man to his alcoholic condition and residential decline.

A large percentage of the alcoholics are in good physical health, except for the more or less temporary condition induced by their excessive drinking, and could be physically rehabilitated to be either only slightly handicapped or not handicapped at all. However, many of the alcoholics would still be left with their drinking problem unresolved.

The explanation of why many men on skid row do not work is quite simple. Five major factors are involved:

- (a) These men work at occupations and for industries where involuntary unemployment is a chronic condition, and where seasonal variations in unemployment are very high.

- (b) A high percentage of these men are physically disabled or handicapped. They are unable to hold steady jobs as laborers because of their health and disability status.
- (c) A high percentage of these men are past 40 years of age. Employers discriminate against older workers when hiring unskilled laborers. Rates of involuntary unemployment are very high, even among teetotalers and light drinkers, for men past their 40th or 45th birthday.
- (d) Many of the minority of men who are heavy drinkers or who are chronic alcoholics are irregular in their work habits, and often do not care to work. They work only long enough to "get by."
- (e) Low education, lack of job skills, and skid row addresses make it more difficult for these men to find jobs.

Quite often, drinking will be cited as the sole explanation for widespread unemployment on skid row. Evidence assembled in earlier chapters suggests that although drinking is involved, it is a factor in less than one-half the cases of unemployment. Even when alcoholism contributes to unemployment, the other important factors are also present.

Skid row is a regional collecting place for physically disabled common laborers who are in poor health and who have difficulty getting work, even though they may not drink. Employment experts often talk of "unemployables" — persons who lack any skills or qualifications for which there is a demand in the "labor market" at the particular time. These men may be "unemployable" for many reasons: they may be of low intelligence, may have developed a severe hernia, or may simply be past 45 years of age and hence too old for unskilled labor. Such men, having no family or other resources to fall back on, are slowly drawn into this pool of unemployed. *The chronic alcoholic is only a special case in a general process.* Therefore the labor problem of skid row is not simply one of alcoholism, but is a result of broad employment policy and a consequence of the functioning of the labor market.

In recent decades the nation has attempted to control the labor market, to make it impossible for persons to be brutalized by the working of impersonal competitive processes. Minimum wage laws and unemployment compensation are intended to serve this function. There are still flaws and loopholes in this program. Through the force of circumstances, a number of working men continue to sink to a level below the socially established minimum.

Among the skid row workingmen are many who do not work in an interstate industry, who have not established legal residence in any state, who do not work in industries covered by Social Security, or who work for unscrupulous employers who avoid the spirit of the law by declaring their employees (working at inhumanely low rates of pay) to be "self-employed independent operators." Some of the unskilled men simply cannot locate a job because of lack of intelligence, physical defects, or age.

One of the ways to shrink skid row is to broaden and extend social legislation that seeks to establish minimum employment conditions. Any American citizen, irrespective of his drinking habits, when denied work opportunities for a prolonged span of time could end up in the skid row soup-line unless saved from this fate by a family or by some program of social legislation. The validity of this generalization has already been established by the huge mushrooming of skid rows that took place during the economic depression of 1929-1939. We may forget that a similar process is operating continuously, though on a less massive scale, even during times of economic prosperity.

Meanwhile, a high proportion of the men who are on skid row express an interest in obtaining vocational training or retraining to fit them for jobs higher in the socio-economic scale. Their ambitions seem to be modest and would be within the realm of possibility if they are sincere in entering a vocational training program. Occupational therapy is a necessary part of the overall program to rehabilitate the men on skid row.

The skid row population of Chicago contains a very large number and a high percentage of pensioners who live here against their own wishes. There are two types of these "captive residents," (a) the earned retirement pensioners who are forced to live here because it is the only place they can "get by" on their meager retirement pension from Social Security, and (b) the welfare pensioners who are sent here by the Department of Public Aid when they qualify for General Public Assistance and are found not to have a family. More adequate welfare payments are a prerequisite to the shrinking of skid row.

All of these men do not live in cubicle-type hotels. Many live in the dilapidated old buildings that line the side streets of skid row and have been converted to rooming houses. Some of these skid row pensioners — both those who are in cubicles and those who are in rooming houses — are charity out-patients from Cook County Hospital. It seems to be a very common arrangement to give a convalescent charity out-patient a bed in a cubicle hotel and a disbursing order for a skid row restaurant.

A conscientious and quite successful effort has been made to keep able-bodied alcoholics off General Public Assistance. It appears that under the present system, unemployment compensation may be combined with seasonal or intermittent steady employment to permit a large group of able-bodied men to spend prolonged periods drinking excessively without looking for work. The system of "rocking chair pay" undoubtedly is a very useful device for helping gandy dancers (only a fraction of whom spend the winters in Chicago's taverns) to spread their income over a full year, but it may also operate to institutionalize and to give economic as well as sociological security to uncontrolled drinking, and thereby help create chronic alcoholics. Beyond any doubt, the men on skid row who are most addicted to heavy drinking are not the retired pensioners or the year-around residents who work in factories, stores, and at "spot jobs." The heavy drinkers are largely the gandy dancers who earn large amounts of money and are forced to come back to Chicago's skid row to collect their pay. They may spend their whole paycheck in a few days of drinking, and must stand in mission soup-lines and take "spot jobs" until they are shipped out again or, in the winter-time, until the next unemployment compensation check arrives.

Enlightened officials in railroad corporations should sit down with welfare workers and devise some new procedure for paying these men for the work they do. The conditions under which benefits are paid for off-season slack work should be altered in such a way that they would be less able to go on week-long "benders" with full economic security.

Veterans of World War I and before World War II are *overrepresented*, and veterans of World War II and Korea are *underrepresented* on skid row. Yet, the veterans of World War II who live on skid row are more inclined to be heavy drinkers and alcoholic derelicts than either the non-veterans or any other group of veterans. This is only partially accounted for by the age of the men.

The skid row man is much less healthy and less physically fit than the average person in the general population. However, the handicaps of the homeless men are not sufficient to fully explain their lowly economic condition. According to a physician's analysis, the homeless man is not supporting himself to his full potential. However, he should not bear the entire blame. Employers of unskilled and semi-skilled workers are notoriously prejudiced against middle-aged and older workmen, especially if they have health problems or even mild handicaps, as the majority of skid row men have. It appears that even if highly motivated, and if the problem of drinking was completely solved, the homeless man would need some kind of help in obtaining jobs if they are to become economically self-sustaining to the maximum extent.

These findings have one very clear conclusion: Skid row collects a substantial number of familyless men suffering from chronic ailments, and many of these men do not drink or drink very sparingly. Thus, one of the very large groups of men on skid row consists of middle-aged non-alcoholic workingmen who have suffered a breakdown in health, and can neither afford treatment nor command a steady job. They are perhaps the cruelest example in our society of lack of protection against chronic illness that strikes through no fault of the individual. Public welfare helps some of them.

Death rates from most causes are several times higher among the homeless men than among the general population. The reasons for this high mortality are not fully understood. However, several contributing factors have been determined: (a) There probably is a selective process, whereby men without families whose health is failing and who have no money or persons to care for them move here to die. (b) Men who have lived in poverty and without medical care for many years would be expected to have high mortality rates. (c) Prolonged heavy drinking undoubtedly causes the life span to be reduced drastically — many men on skid row literally "drink themselves to death." (d) Life in the cubicle-type hotel may be conducive to the spread of infectious diseases, and especially to pulmonary disorders. (e) Medical help is unavailable to many of the homeless men when severe illness strikes. (f) Homeless men may be far more negligent in caring for their health than most other men; they may eat poorer food, get less rest and work when ill. Whatever the factors may be, the situation produced is probably worse than in any other segment of the population. Skid row appears to be the last outpost of avoidable and preventable death.



Neglected and unwanted, the homeless man lives amid refuse, vacillating between despair and defiance.

The outdated conception of skid row as a regional pool of migratory labor and vagabond hoboos should be replaced with a contemporary and realistic view. Skid rows are populated predominantly by men who may move around a great deal locally, but who move from one city to another only when forced by necessity—unemployment, trouble with police, or a temporary job—with the expectation of returning. To the average skid row man, going to another city is a routine adventure or the product of a capricious whim. It is an outmigration caused by either duress or by temporary work opportunities. It would be a mistake to view Chicago's skid row as a deposit of "human dross" collected entirely from other communities and for which Chicago has no responsibility. A major percentage of the men on skid row are legal citizens of the state, registered voters, and a product of life in Chicago. In the interviews with the men, respondents declared over and over, "I know everybody on this street, and everybody knows me." Workers at the Monroe Street Police Station, in the missions, and in the welfare stations verified this. Strangers on skid row are detected immediately, not because they may not dress and act like the rest, but principally because theirs is a strange face among familiar acquaintances. Over the course of a lifetime, the average skid row man visits several cities, and appears to have traveled much. But the interval between trips tends to be quite long, and moves are associated with loss of jobs or other hardships.

There appears to be a considerable volume of movement between skid row areas and other residential neighborhoods. Probably most of this represents the social and economic decline of the men to the point where they are forced to live on skid row (due to old age, loss of health, or progressive deterioration due to heavy drinking) or the climbing up of poor but industrious immigrants who are forced to live on skid row temporarily while they find employment and save a little money. Once a man has become a long-term resident of skid row, the probabilities of his leaving become much diminished.

Death is another major source of turnover in skid row inhabitants. The high death rates cause old-timers to disappear at a substantial rate, and they are replaced by newcomers who will stay many months or years until they in turn die. This simple process of high mortality with continuous replacement contributes to the illusion of a high rate of migration.

Housing

The following characteristics are manifest in the skid row complexes in Chicago:

1. The great majority of skid row hotels are located in structures that are very old. About two-thirds are in buildings which are 70 years of age, or older, and

only a comparatively few in buildings less than 40 years old. The oldest structures are those housing small cubicle hotels and those with rooms, while the youngest structures are the largest cubicle hotels. Inasmuch as several of the largest cubicle hotels were designed and built as fireproof flophouses shortly after 1920, or converted from other large fire-resistant buildings (usually warehouses) shortly before 1920, the large and medium size cubicle hotels usually have fewer fire and building violations.

The building surveys also show that even where legal compliance with building and fire codes is an actuality, the physical layout and the facilities and construction of most of the older structures are unsafe, unhealthful and socially undesirable. This applies in greatest degree to the medium and smaller sized hotels.

2. Vacancy rates in the skid row hotels are high. At the time of the field survey (winter of 1957-1958) when hotel occupancy is assumed to be at peak level, the general average for vacancies in the three Chicago skid rows was 21 per cent for cubicle hotel rooms, and 8 percent for hotel rooms. The vacancy rates for South State Street were extraordinarily high for all types of housing (twice the rate for the other skid rows). On West Madison Street the highest vacancy rates occurred in the medium and small sized cubicle hotels, while on South State Street the larger hotels had the highest vacancy rates.

3. Only 40 percent of the net acreage of the three skid rows is devoted to skid row or related uses. Significantly, 17.5 percent of the total net acreage of the three skid rows consists of unimproved vacant land, vacant and abandoned structures and surface parking areas.

Present Public and Private Activity on Skid Row

The present expenditure of money on skid row is estimated at over \$5,500,000 a year in excess of what would be spent in a normal community. About 85 percent of this total is spent by the public agencies to contain and control skid row. Only 3 percent of this percentage is spent to actively rehabilitate and redevelop the area.

The private agencies are doing much more work to change the way of life of the men in the area. However, they are limited by lack of funds and a highly particularistic approach to skid row rehabilitation.

As yet, there is no comprehensive and generally accepted plan for the areas and cooperation between the various agencies is limited. The following section, THE PROGRAM, points up the inadequacies and poses a series of recommendations which if backed by the combined efforts of the existing agencies and carefully followed, could lead to the elimination of skid row.

The Program

The population of skid row is amazingly diverse. No single variety of homeless man predominates, as shown conclusively by this study. Rather, there are many kinds of men on skid row: the elderly pensioner, the handicapped, the unskilled worker, the alcoholic, the migrant laborer and the vagrant. Thus, men on skid row have many different and special problems, requiring diversified remedies.

No program which treats the area as a social entity can succeed. A realistic program actually must be a combination of a series of separate programs which are needed for each of the several groups. Furthermore, these programs must combine both welfare and housing resources to be effective. The program must be comprehensive, multi-faceted, flexible, and well coordinated. It is just this kind of a program which is proposed in the following pages.

Another major conclusion of this study is that the ultimate elimination of skid row is possible and can be achieved through careful planning and concerted action. This is an opportune time for instituting such a program, as there is now a plan for the renewal of the central area of the city. There need be no emergence of another skid row during clearance and rehousing if there be effective programs treating psychological, social, medical, and vocational problems.

* * * * *

The preceding material demonstrates that skid row is not a single problem, but a series of interrelated problems and a product of history. From its beginnings as a locale where migrant working men congregated, the skid row areas deteriorated socially as they deteriorated physically. Skid rows became a refuge for unattached men (whose common denominator was poverty) who moved to skid row because there was no place else to go. No other community was economically prepared to provide the basic amenities at bare subsistence levels. No other community was willing to accept these residents.

The expanding economy and general upgrading of society (through such media as universal mass education, the growth of social welfare programs, and in-

creased opportunities for work) have served to drastically reduce the number of homeless men. By all indications, the number of homeless men will continue to decrease, excluding major economic depressions or other international catastrophes.

In large part, those who remained on skid row were the least employable and the least stable elements. There are indications that the ranks of homeless men will be filled by a growing number of persons suffering from serious mental disturbances. For example, a trend toward a more youthful skid row population in Chicago may be attributed to increased Social Security coverage for older men who choose to live elsewhere. This may also indicate, as some fear, that chronic alcoholism is on the increase among younger men. These findings indicate that the problems and programs for skid row will change from basically economic problems (finding employment or issuing mass relief grants) to problems which require psychological treatment and social welfare programming.

Today, skid row's economic functions are minor. The research thoroughly refutes one of the widely accepted rationalizations for the continued existence of skid rows: that they provide an important casual and low-cost labor pool. The entire skid row labor force could disappear from the economic scene and scarcely be missed, and employment agencies could fill all spot job vacancies with young migrant workers without using any of the men on skid row.

Skid row has been justified on the grounds that it is a solution which has worked. It provides a low-cost economy, it is the center for hiring unskilled workers, it is the locus of welfare activity, and it provides companionship and anonymity. These functions serve no generally useful social or economic purpose except to house and provide for the homeless men whom society has rejected. If these men are rehabilitated so that their earning capacity is increased, so that their personal problems are not debilitating and there is no need to escape, and so that those who cannot function economically are provided for, *then they will not need skid row and skid row need not exist.*

Skid row is a socially expensive and economically unnecessary phenomena. It is the dark corner into which society sweeps its rejects, many of whom are still salvageable and useful. Skid row feeds upon itself and, by cutting off the community which it represents from normal interaction with the general society, it compounds and complicates its many problem areas with additional problems. This results in the increased dependency of its inhabitants on society for sustenance and even existence.

The present cost to society of this dependency is immense. Yet this cost is based on stop-gap and generally ineffective remedial measures. Dr. Dunham points out in his book, *Homeless Men and Their Habits*, that (in the absence of expert knowledge) plans for remedying skid row conditions evolve from the compromises of groups and persons having special interests. The usual result is a competition among agencies which deal with different aspects of the problem. The cost of any comprehensive program which successfully can eliminate skid row very probably would result in an actual monetary saving to the community.

For a unified and valid plan to exist, individual biases and special interests must be transcended by a set of goals and definitions upon which agreement can be obtained. In addition, any ambitious program to upgrade the economic, social, and physical conditions of skid row must be carefully interpreted to the public. Years of identifying skid row as an island of depravity, drunkenness, crime, and indolence have created many negative attitudes toward skid row residents, and rigidified the fears and disgust of many. A positive program of public communication must destroy the prevalent misconceptions and explain the tragic problems of the non-alcoholic, the aged, the infirm, and the poor. The problems of skid row, i.e., the problems of the aged, the handicapped, and the alcoholic, must be related to the same problems in the general community. The economic desirability of redeveloping the central area should be fully described. A good program of public information will undoubtedly mobilize the necessary community support. This support often determines the effectiveness and the extent of any public or private program.

The final consideration of any community program for the elimination of skid rows, however, must inevitably grapple with the question as to whether skid row problems are of sufficiently high priority among other city problems. This is basically an administrative-political decision to make within the context of other local issues.

The program which can eliminate skid row requires: (a) the planned, systematic physical clearance which would shrink skid row; (b) the systematic relocation of the residents to more appropriate or upgraded housing depending on their needs; and (c) the systematic

plan for rehabilitation of those men who need it. This attack on many fronts would be a great improvement from the present policies of merely containing skid rows.

The elements of this combined housing-welfare approach are outlined on the following pages. The presentation is divided into two sections: Phase I which calls for immediate action, demolition of the worst buildings and relocation of their residents; and Phase II which requires long term planning, integration and coordination for the rehabilitation and relocation of the remaining men. The entire program probably can be carried out in ten years, but it should always be coordinated with the plans of the city to rezone and reconstruct the Central Area.

HOUSING AND WELFARE PLANNING PHASE I

Housing

Chicago's skid rows have a composite land coverage of 315.5 acres of which only 43.3 acres are, in whole or in part, in residential use.

There are 451 structures which provide housing for skid row residents. These structures are very old. Violations of building and fire codes are frequent. Even with compliance, the physical layout, facilities and construction of the majority of the older structures would still be unsafe, unhealthful, and undesirable. The areas rank high among the most blighted and deplorable areas of the city.

The structures contain 11,943 sleeping spaces, over 10,000 of which are cubicles. Since 21 percent of the sleeping spaces in cubicle type hotels and 8 percent in hotels with rooms were vacant, about 2,300 sleeping spaces were unused during the peak season.

Consequently, 50-100 structures, depending on size and designation as the most hazardous, could be demolished without seriously reducing the supply of needed spaces. In geographic terms, the entire South State and North Clark Street skid rows could be eliminated and the population now resident there could be accommodated on West Madison.

The immediate steps needed to shrink skid row are:

- 1) The acquisition and razing of at least 15, possibly 20, of the oldest, least fire-resistant cubicle hotels (the most substandard and hazardous structures as well as the ones with the highest vacancy rates and the least desired type of accommodation), would reduce the number of cubicle hotels to 10 or 15. The remaining hotels would be largely the newer, more fire-resistant units that are clustered together within a few blocks on West Madison Street, in adjoining streets, or on the very edge of the Loop. Some of the worst hotels with rooms, located in areas with a high commercial value, also could be razed.

Such action would have the immediate effect of greatly reducing one of the most deleterious aspects of Chicago's skid row area and would concentrate the population into fewer units in a diminished geographical space. The property could be sold for commercial use or leased for needed parking space. All of these steps should be coordinated carefully with plans for redeveloping the central area. A concentration of the population would also be conducive to an intensified welfare program.

- 2) An intensive effort must be made by the municipal agencies charged with licensing and inspection to concentrate on the remaining housing with a view to improving the level of maintenance of these facilities.

Already much has been accomplished. Since the basic research was terminated, the City Council passed several fire prevention ordinances pertaining to hotels. In the Fire Prevention Bureau, a group of eight Lieutenant Inspectors has been assigned to inspect hotels on an around-the-clock basis. Increased authority to enforce the ordinances has been delegated to the Fire Prevention Bureau and many of the deficiencies have been corrected. In addition, a program is now in effect to train and license desk clerks. The Department of Buildings also has taken positive steps.

More comprehensive and systematic inspections, intensive, strict, and frequent, are necessary and followup inspections are crucial. A system of more complete reporting and of better coordination between the several agencies should be initiated. Rigorous examinations of hotels and missions must include the inspection of mattresses, cubicle walls and floors, and the unhealthy damp, non-ventilated cubicles that never see sunlight. Shower rooms and toilet facilities should receive special attention to insure that these generally inadequate facilities be improved to a clean and sound operating condition.

Severe action should be brought against all hotels and missions which operate establishments that are a threat to health, that are dirty, vermin-ridden, and that use dirty linen and blankets.

With a high vacancy rate (which would be maintained with a simultaneous program of relocation), code enforcement programs should be more effective. An improved hotel is more competitive in securing occupants. This suggests a dual approach of force and persuasion.

- 3) Condemnation procedures should be initiated against those establishments unwilling or unable to comply with the building and fire ordinances and constituting demonstrable hazards.

- 4) Administrative procedures should be developed by the Department of Public Aid to certify units for occupancy of public welfare recipients. Many of the rooming houses derive a large, if not major share of their incomes from public funds, through revenues obtained from elderly pensioners or from out-patients from County Hospital who reside in these units.

The beginnings of the welfare program described in the following pages should be simultaneous with this phase of the program. One of the first steps of the welfare program is the rehousing of the non-alcoholic and public welfare recipients and elderly pensioners.

These measures, while providing the beginning of a systematic and orderly program, would be directed toward maximizing the opportunity provided by general vacancy rates and toward the relocation of non-alcoholic elderly pensioners and other welfare recipients. This program would not contribute to the emergence of a skid row in other communities.

The razing of the large and increasing number of vacant, partially vacant and abandoned structures would result in the freeing of much needed land, and would crack the historical physical concentration.

Specific rehousing recommendations must be integrated with the welfare recommendations for each separate group on skid row. (The specific recommendations, by type of skid row resident, are included in the following section.) The resource persons who cooperated in the study offered the following *general* proposals for the provision and operation of housing for the men of skid row. Investigation of the feasibility of these alternative proposals should receive immediate attention so that programs can be developed around them.

- a. Private hotels and rooming house owners should provide housing which is regulated only by our existing zoning and building codes. No public subsidies or special government funds need be involved in this proposal.
- b. Private hotel and rooming house owners should provide new or converted buildings in places specified by the city plan commission and regulated by a special health, welfare, and rehabilitation ordinance that would specify the minimum facilities that must be provided. The management of these dwellings should be required to participate in a possible federal-state-local program of rehabilitation and treatment of chronic alcoholism by providing space for certain rehabilitation programs.

- c. The City should provide new or converted buildings at rents which would make such public shelters as nearly self-supporting as possible. This would be an integral part of a program to rehabilitate present residents of skid row areas and to prevent the development of more homeless men, insofar as possible. The principal objective would be to rehabilitate or cure the men rather than to recover the costs of housing.
- d. The City should provide new or converted buildings owned and operated on a self-supporting basis by the City. Those hotels would be required to charge rates sufficient to pay their expenses without subsidy.

NOTE: It was assumed that this housing would be of a type suitable to the groups involved.

Welfare

Two major welfare steps are required in Phase I, the establishment of a central agency and the provision of services for the non-alcoholic older person.

In order to coordinate the general skid row program and the various sub-programs, it is proposed that a *Bureau of Migrant and Homeless Persons* be immediately established.

The Cook County Department of Public Aid would be the most suitable agency to establish this Bureau if it can obtain sufficient funds and personnel to operate the necessary program at the level of intensity that is needed during the physical redevelopment of skid row. The Department already maintains an ongoing program which includes public welfare assistance, old age assistance, aid to dependent persons and rehabilitation programs. The Department recently has incorporated similar programs formerly carried on by the City of Chicago, and various programs carried on with State funds on behalf of public welfare.

Furthermore, existing legislation and policies permit certain kinds of programs which are not being utilized to their full capacity. Under Illinois statute, the welfare departments may engage in programs designed to *prevent* dependency. It is suggested that the possibility of utilizing such existing legislation to relieve the dependency of skid row be investigated. These expenditures would diminish as the hard core of welfare cases on skid row decreases and would level off finally to a plateau concerned only with keeping newcomers off skid row.

If no additional funds are forthcoming, it is suggested that alternative auspices for the Bureau be investigated. To achieve official status, however, the Bureau should be under the auspices of a public agency or be a temporary public agency itself.

The major role of the Bureau would be the coordination of activities of both public and private agencies dealing with skid row. It would establish communication and cooperation between the various

agencies and seek to prevent fragmentation and duplication in programming. It would provide the liaison between the welfare and housing agencies. It will have detailed knowledge of all existing facilities and programs and will distribute regular reports among the agencies.

The Bureau would direct a program of remedial services to all skid row residents. All residents seeking assistance or counseled into accepting assistance should be referred to the Bureau which would operate a central intake service. Screening of the men by the Bureau will entail medical, psychological, and financial evaluations, after which the men will be referred to the proper treatment facilities. In this way, the Bureau can determine total program needs and isolate specific program inadequacies. The Bureau would seek to remove from skid row those elements of the population whose primary problems transcend the need for decent housing, such as the senile or mentally incompetent, and would begin the operations of the relocation program.

The Bureau would embark upon a program of public information to dispel some of the prevalent misconceptions about skid row which stigmatize and condemn the area. It would seek the support of the public in carrying out its program.

The Bureau should have within its purview the function of reviewing and recommending the granting or renewal of licenses of the various activities on skid row requiring licenses, such as hotels and rooming houses, employment agencies, taverns, liquor dispensing and food dispensing establishments.

The Bureau should have the power to inspect and investigate, in order to provide definitive information (as part of its review powers) as to whether licensees are operating in the public interest. Additional research may show that greater social control in upgrading standards is needed for certain licensees and that certain activities which are not subject now to inspection and control should be licensed.

The Bureau would develop uniform standards for all agencies working with skid row residents, as there appears to be a great disparity between the kind and level of activity of the various agencies working on "the street." The Bureau would disseminate reports on the activities and resources of agencies and collect and distribute the latest studies on skid row and related topics. It will act in a consulting capacity for any agency seeking advice on programs or operations.

A permanent advisory committee on skid row problems should be established in order to engage in an ongoing program of research, the setting-up of standards and criteria, as well as in an interchange of information. The committee should set policy and serve as the board of directors.

The establishment of the Bureau must be the initial step in any move to rehabilitate skid row, socially and physically.

When full scale redevelopment begins, a relocation agency will be established. It will work closely with the Bureau and may be staffed by personnel from the Bureau. Welfare services, such as those the Bureau will coordinate and develop, must be established and utilized long before relocation begins.

The next step must be the initiation of a program directed toward the rehousing of *the non-alcoholic public welfare recipients and elderly pensioners*. The older proportion of the skid row population should decrease as more workingmen become fully covered by social security payments and can afford to live elsewhere. However, the present group of earned retirement pensioners are receiving exceedingly low monthly incomes, and, with the low-income welfare recipients, are forced to live in skid row areas. The vast majority of these men are not alcoholics or heavy drinkers, and have openly expressed their dissatisfaction with skid row living.

The problem suggests two alternative solutions. The first is to seek increased welfare grants so that welfare recipients can compete for housing in other communities and so that retired pensioners would be eligible for supplementary grants to raise their total income. Until the grants are increased, however, more immediate means of relocation must be sought.

The second means of rehousing can be achieved by pooling the resources of public and private agencies which are concerned with the aged. All of the agencies which serve the aged give some assistance in finding housing. Resources for foster home care, old age homes, nursing homes, and shared apartments or single rooms in structures with eating facilities should be investigated. Rooming facilities near institutions which provide day programs for the elderly should be sought. Similar efforts should be made near neighborhood settlement houses which have social groups for elderly persons and the development of senior centers throughout the city should be encouraged. Welfare agencies, as part of this relocation program, should give careful case by case attention to their recipients in the skid row areas and work out solutions on an individual basis. The resource persons who were questioned urged that the recent programs developed for older persons should be generally extended to the elderly family-less men of skid row.

The almost 3,300 non-alcoholic welfare recipients and elderly pensioners involved in this relocation process would further reduce the skid row population. This would permit the demolition of additional structures.

HOUSING AND WELFARE PLANNING PHASE II

The core of the housing problem is those men who need combined housing and welfare assistance. The

combined health and welfare and rehousing program seeks to: 1) increase the economic independence of skid row residents through medical, psychological, and occupational rehabilitation, and 2) extend and improve services for the permanently dependent group. This phase of the program must be spaced over several years as new programs and facilities are developed to replace the presently inadequate services.

The combined housing-welfare program calls for careful diagnosis and evaluation of the strengths and needs of individual men with counseling and follow-up service necessary to assist them in obtaining rehousing and specialized help from existing public and private agencies.

Based on this diagnosis, the men would need the following services and housing facilities:

1) The *non-alcoholic elderly* with marginal incomes — the provision of counseling, friendly visiting, and leisure time services — the provision of housing which is suited to their needs, located off skid row.

2) The *non-alcoholic workingmen*—vocational rehabilitation, training and job placement services to enable men to obtain employment in private industry or to upgrade their skills—rehousing in decent, safe, and sanitary dwelling units for those who prefer to live outside the usual residential areas.

3) The *mentally ill, senile, or chronically ill*—referral to the appropriate institutions.

4) The *handicapped and ill*—medical care and rehabilitation to restore the disabled to optimum health and functioning — provision of sheltered employment opportunities.

5) The *alcoholic* — experimentation in providing treatment for alcoholics who for various reasons cannot be helped by such existing programs as Alcoholics Anonymous and the Missions — housing for those undergoing primary treatment for alcoholism and for those who have completed the primary treatment stage.

6) The *temporarily destitute, the "bun," and the migrant worker* — programs for the detection and management of and assistance to these men — building of temporary shelters.

7) The *ex-convict* — provision of special services such as counseling, temporary shelter and financial assistance and employment for the discharged prisoner to help him re-establish himself in the community.

8) The *criminal* — programs of apprehension.

9) Elimination of economic exploitation on skid row through enforcement of existing minimum wage laws and enforcement of liquor laws.

10) Special emphasis on giving needed help to newcomers to skid row to prevent their falling into a deeply rooted pattern of skid row life — services to the general community which will prevent the formation of new skid rows.

1) The Non-alcoholic Elderly Pensioner

Many of the elderly will be relocated in the first phase of the skid row program. It is suggested that the welfare and housing program be continued until all of the pensioners have been rehoused off skid row. The resource people felt that it is the principal responsibility of the city to take the lead in furnishing suitable housing for dependent elderly men. Overwhelming support was given to the proposal that the federal housing program provide funds (matched with local funds) for low-cost public housing for elderly persons, and this housing be of a type suitable to the way of life of the unattached elderly men. The recommended public housing should not be labeled "skid row housing." It is public housing for the elderly for which elderly homeless men on skid row are eligible.

Additional possibilities for new construction are explained in the next section, particularly the program recommendations for the non-alcoholic workingman whose problems are similar to those of the elderly.

2) Non-alcoholic Workingmen

Housing.—The segment of the core population of skid row which is most amenable to conventional rehousing (in addition to the non-alcoholic elderly group discussed previously) is the non-alcoholic family-less workingman, most of whom are at the lowest rung of the economic ladder.

There are two major proposals for housing these unattached workingmen:

- a. Their accommodation in a residue of existing skid row structures (in appropriate locations and in the best condition) which may be permitted to remain on the condition of a continuing and rigid enforcement of standards and codes of maintenance and occupancy. The resource people felt that these structures should not be of the cubicle-type and should permit the workingmen to live in greater privacy, comfort, and security than previously.
- b. Stimulation of limited new construction or rehabilitation under Sections 202 and 231 of the National Housing Act, as amended by the Housing Act of 1959. These sections, designed to encourage rental housing for elderly persons as well as elderly families, provide both direct loans and mortgage insurance for constructing new housing and rehabilitating existing housing.

Under the direct loan provisions, it is possible to include as part of a project, related facilities, defined as:

- “(a) New structures suitable for use as cafeterias or dining halls, community rooms or buildings, or infirmaries or other inpatient or outpatient health facilities, or for other essential service facilities, and (b) structures suitable for the above uses provided by rehabilitation, altera-

tions, conversion or improvement of existing structures which are otherwise inadequate for such uses.”

It is therefore possible to build or rehabilitate complexes of housing and essential service facilities, as well as single structures, for housing elderly persons and families.

The mortgage insurance section, while emphasizing occupancy by the elderly, provides for the possibility of mixed occupancy, elderly and non-elderly. This arrangement would be a salutary one as the research for this study indicates that the elderly men themselves would prefer housing which does not have the appearance of an old age home.

Although at the time of this writing the regulations implementing this act had not been published, the basic language of the act indicates the following financing possibilities:

1. Under the “Direct Loan Program” provisions, it is possible for non-profit corporations to obtain direct loans for as much as 98 percent of the development cost, not to exceed \$5 million outstanding at any one time.
2. Under the “Mortgage Insurance Program” provisions, it is possible for Federal or State instrumentalities, municipal corporate instrumentalities, or non-profit or limited profit corporations to obtain Federally insured loans up to \$50 million, and for profit-making corporations to obtain Federally insured loans up to \$12,500,000.

Prohibited under this act is the construction of facilities for “transient and hotel purposes,” which is defined as meaning facilities for rent for periods of less than thirty days.

The benefits arising out of this act may be limited. However, the act does provide philanthropic agencies such as the Salvation Army, the Missions, and similar groups with possible financial aids not heretofore available, enabling these groups to correct a long-festering social problem. These facilities could serve the elderly and family-less workingman of skid row in a climate which the general community would accept.

Resource people who were questioned felt that self-supporting men who are not a community problem should be housed in buildings managed by private businessmen. Of those who took this view, however, more than one-half also favored a tightening of the laws concerning the operation of these places. Also recommended was the enactment of special ordinances to assure that businessmen would cooperate fully with municipal efforts to raise the level of living of the men and to encourage them to move into different neighborhoods. Such laws also would limit excessive profits and insure more housing comfort for a given amount of money. A considerable majority of the resource people recommended sites away from the present skid row location.



Rehabilitation of the men on skid row often requires both job training and treatment for alcoholism. Industrial training (ABOVE) can revive economic independence. This Rehabilitation Service, provided by the Cook County Department of Public Aid, is unequalled for completeness. Treatment for alcoholism (BELOW) is one of the aids offered by the Salvation Army. These men at Harbor Light are drinking colas instead of alcohol while watching television.



Welfare.—The research indicates that approximately 40 percent of the men on skid row worked at some job during the week preceding their interview, and that 86 percent of the men had worked at some job during the year preceding the interview. These men are employed largely in unskilled occupations and in industries where involuntary unemployment is a chronic condition, and where seasonal variations in employment are high.

A program to upgrade the work skills of homeless men also is required to remove as many of the men as possible from the ranks of the unskilled labor pool. A high percentage of the younger men on skid row indicated a desire for training that would allow them to escape from the ranks of unskilled labor. Their aspirations were, in general, modest and realistic. Almost one-half wanted to learn a craft, and a substantial share wanted to learn to be operatives in factories.

At present, there are facilities for giving occupational rehabilitation to disabled and handicapped persons through the Welfare Rehabilitation Service maintained by the Cook County Department of Public Aid and through the Illinois Board of Vocational Education, Division of Vocational Rehabilitation.

The Welfare Rehabilitation Service also provides vocational counseling and placement services to alcoholics who belong to an Alcoholics Anonymous group that meets in the Welfare Rehabilitation office weekly. It also refers problem drinkers to these open meetings.

The possibility of expanding this program should be explored, with a view toward emphasizing services to homeless men, as part of an over-all program to reduce the population of the skid row areas by reducing dependency status and improving the earning capacity of the men.

The Illinois State Employment Service currently makes "spot job" and permanent job placements of skid row men through its Casual Labor Office, located on skid row, and through its unit which works through the Monroe Street Court. The work of the free State Employment Service should be expanded through wider publicity of its testing, counseling and placement service, both among skid row men and employers. The testing, counseling, and placement of skid row workers will have limited success if the State Employment Service must rely entirely upon on-the-job training within business and industrial establishments, and rehabilitation is unlikely to take hold unless opportunities are made available to the men to learn new skills.

The Chicago Board of Education has already instituted a program of adult education in its evening school divisions under the Bureau of Education Extension. In addition, the Board should begin an experimental program for the men on skid row, offering elementary training geared to increase the earning power of men without skills and evening classes in such fields as automotive mechanics.

If existing public educational facilities were used, an experiment of this kind could be tried for a minimal cost, consisting only of teachers' salaries, materials and overhead. The success of such a program would depend on widespread publicity. Counselors at all present centers should be informed of such programs and encourage their younger clients to enroll.

Minimum wage laws must be rigorously enforced and their coverage should be extended. If an adequate minimum wage level was secured, then a large proportion of the low income workingmen could move to neighborhoods away from skid row.

3) The Psychotic, Senile, and Chronically Ill

The study has indicated that skid row contains many men who are in poor mental health, and the number of men in this category probably will increase with the passage of time. A small, but important, percentage of these men undoubtedly would be institutionalized if they lived in neighborhoods other than skid row.

These cases now come to official attention chiefly when the homeless men deteriorate to the point of near complete helplessness, and must rely more and more on assistance by private charitable organizations. Case-workers in existing private agencies on skid row often detect these serious problem cases and make recommendations for further investigations of diagnosis. At present, however, these agencies do not have the power either to act or to make effective recommendations.

Power to obtain psychiatric examinations, safeguarded by appropriate legal proceedings, should be given to those private agencies which work closely with the homeless men. These agencies would work closely with the Bureau and all referrals would be first made to the Bureau for central intake. In Chicago, these powers might be extended to the Salvation Army, Cathedral Shelter, Pacific Garden Mission, Christian Industrial League, Travelers Aid and the Catholic Charities. The Bureau then would make appropriate referrals to treatment facilities and rehabilitation centers. Where necessary, institutionalization of the afflicted could be recommended and effected.

Extension of these powers would require no new screening organizations or facilities and probably few additions to personnel. It would rely upon the experienced persons who now work with homeless men.

It is estimated that this program might bring as many as three hundred defectives into existing public institutions in the first six months of operation. Where treatment and rehabilitation procedures succeed and result in the return of the homeless man to open society, then the Bureau would refer the case to the proper agency concerned with housing and employment assistance.

It is recommended that nursing homes, public and private, also be utilized for rehousing the mentally and physically disabled.

1) The Handicapped and Ill

The study indicates that there is a considerable potential for improving the health of skid row men and removing their physical disabilities.

A high percentage of the men on skid row need medical care they cannot afford. In most of these cases, the disorders could be greatly relieved and rendered much less disabling by appropriate medical treatment. A coordinated program of medical rehabilitation would greatly reduce the amount of physical disability and greatly increase the employability of the men.

For those men who are not chronic alcoholics (for example, non-alcoholic working men suffering from hernia), rehabilitation could be accomplished at moderate cost. Among heavy drinkers, alcoholism is complicated by chronic sickness in a substantial proportion of cases. Rehabilitation of such men requires both medical care and treatment for alcoholism.

Men who receive public welfare assistance payments are entitled to receive publicly assisted medical care if they need it. Welfare workers in both public and private organizations are acquainted with the facilities available to these men at public expense and, through skilled counseling, should encourage greater use of these facilities.

The problem of obtaining medical care is more acute for the man who is self-supporting but cannot pay for his medical care. The county is responsible for providing medical care for the "medically indigent" at Cook County Hospital but County Hospital cannot meet all of the demands. Voluntary hospitals and clinics can meet only limited demands for free care because of limited financial resources. Throughout Illinois, except for Chicago and Cicero, the Illinois Public Aid Commission reimburses private hospitals for the cost of care provided to the medically indigent. The removal of the restriction on Chicago and Cicero would make existing hospital and clinic services more readily available to the men on skid row.

Another approach is to investigate the feasibility of interest free loans which would be repaid from the earnings of the recipient when he returns to work. Even when the services and financing for medical treatment are available, the men on skid row must be encouraged to use them. Suspicion and fear may prevent many from seeking out these services for themselves.

In addition, private charitable organizations which operate medical facilities should be encouraged to expand their activities to do more medical rehabilitation work, and be given whatever assistance is possible for this purpose. The current experience of the Salvation Army with its West Madison Street Clinic, and of the medical activities of the Pacific Garden Mission, and Chicago Christian Industrial League should be studied, with a view to expanding and enlarging them to handle an expanded program of first aid and simple

rehabilitation. The latter organization has made substantial strides forward since the study was made. Since July 1959, it has had in operation a medical clinic with a male registered nurse on full-time duty. A staff doctor spends one hour a day in the mission; a dental clinic, staffed by volunteers, is in operation; and a full-time psychiatric caseworker is employed.

5) The Problem Drinker and Alcoholic

Skid row is stereotyped as a haven for alcoholics. Many conclude that the vast majority of men on skid row are drunkards. This study shows that almost one-half of the men are either teetotalers or light drinkers. Only forty-four percent of the residents of the skid row in Chicago are heavy drinkers or moderate drinkers. Only 13 percent are alcoholic derelicts. The problem is not to be minimized, however. Treatment of alcoholism is one of the key facts in the rehabilitation of skid row.

The programs themselves must be varied to deal with the different types of drinkers.

Alcoholics who cannot be rehabilitated.—This group should be recommended for institutional care with minimum security. Here the men can live without mistreatment and with minimum expense to the taxpayer.

The cooperative alcoholic.—At present, there are eleven private agencies located on skid row and five public agencies which offer services to the skid row alcoholic. These agencies found that no single solution emerges as a conclusive answer for the treatment of skid row alcoholics. All programs have had some degree of success.

In Chicago the public agency which has daily contact with the largest number of skid row drinkers is the Municipal Court of Chicago, Monroe Street Branch. The Monroe Street Court, in its program for skid row alcoholics, has discarded the penal approach to the problem of alcoholism (jailing alcoholics) several years ago and instituted a social welfare approach. The operation of the Court and the screening process employed in dealing with the men is described in Chapter 13. The staff of the court, through its screening process, refers the men to various welfare services.

The results achieved are promising, but they are limited by the small staff and the lack of facilities. This staff consists of the referee, a social service caseworker and two employment counselors of the Illinois State Employment Service.

The Golden Key Club is an adjunct to the Monroe Street Police Court, which is operated under the auspices of Alcoholics Anonymous and which works with cooperative alcoholics in an effort to rehabilitate them. One paid employee and several volunteers, operating in a two-room apartment in a nearby hotel, offer those who want help an opportunity to bathe, shave, get

clean clothes, eat, and hear about the program of Alcoholics Anonymous. The able-bodied men are referred back to the Court to contact a member of the Illinois State Employment Service. The sick men are helped to secure funds for medical treatment.

The welfare work of the Court is accomplished largely through the program of Alcoholics Anonymous, the efforts of the Court referee and social caseworker and contributions from volunteers. Even with these limited resources, the Court is accomplishing a great deal. To continue the welfare work with alcoholics, the staff of the Monroe Street Court should be expanded and other necessary facilities provided.

A particularly essential facility to support the work of the court is the "half-way" house for men who are making a conscientious effort to rehabilitate themselves. The "half-way" house is the middle ground between both the therapeutic and punitive agencies and organized respectable society. The men are expected to get jobs, pay for their room and board, assist in the upkeep of the house, stay sober, and participate in the therapeutic programs. A "half-way" house should be situated away from skid row. Then it can be particularly effective in exerting group pressure toward successful rehabilitation.

Institutions or small centers are also needed to give primary treatment and training in the control of drinking.

A second promising experimental program which should be continued and expanded is paid for and supervised by the Cook County Department of Public Aid in cooperation with the Salvation Army. All of the alcoholics given treatment by the Salvation Army were on public assistance rolls because of their inability to hold jobs. One hundred and three such cases were referred to the Salvation Army Center where they lived, were counseled, placed in sheltered employment and gradually advanced to regular employment, or given other types of treatment or welfare aid.

Of the 103 cases in the experimental program 84 were successfully terminated because the men are now sober and self-supporting. Five men are undergoing additional treatment, four are in hospitals, and only 10 were dropped from the program as untreatable. The average length of stay of the men in the Salvation Army Center was 15 days and the cost to the Department of Public Aid was only \$21.45 per case.

This cost appears to be negligible when compared to the cost of indefinitely maintaining such alcoholics on public relief rolls. The Department of Public Aid considers the experimental program a success, since authorities in the treatment of alcoholics generally regard any program as successful which returns more than 50 percent of its patients to a useful life. The Department of Public Aid and the Salvation Army plan to continue the program.

The uncooperative alcoholic. — A program for the uncooperative chronic drunk who is repeatedly arrested is also needed. Experts find some clues to successful rehabilitation in the tendency for men who have been jailed to stay sober for a short period after release. A "treatment center," where the men are in confinement under auspices of the Municipal Court, should include discussion of opportunities for employment, occupational training classes, and psychological counseling to correct cases of personal disorganization. This program can take place on the city farm. After a second period of thirty to sixty days as part of such a program (while in confinement), the men could be placed in a sheltered half-way house, provided with employment and given psychic support by a resident caseworker. The final step for men who complete the program would be rehousing in the types of lodgings described elsewhere in this report.

Approximately \$850,000 is spent annually on repetitive arrest and overnight detention of chronic alcoholic skid row men, with almost no expenditure to try to make them self-supporting again. If two hundred of the repeaters were undergoing enforced treatment at any one time this would reduce the number of daily arrests by perhaps 20 percent or more; and within three years the program could greatly reduce municipal expenditures of this type.

The uncooperative alcoholic should be localized in upgraded housing in skid row until such time as he enters a treatment program.

The potential alcoholic. — The success of programs for treating skid row alcoholics will depend to a large extent on general programs to control and treat alcoholism in the city at large. The research demonstrates that 29 percent of the men on skid row had resided in Chicago for more than five years. In fact, the vast majority of residents are legal residents of the State, and a substantial percentage were born in Chicago. The data shows that there is considerable residential mobility for these men between skid row areas and other neighborhoods in the city. Also, most of the heavy drinkers and alcoholics had a drinking problem *before* coming to skid row. It would be incorrect to view Chicago's skid row as a deposit of "human dross" collected entirely from other cities and for which the city has no responsibility.

An over-all program for the control and treatment of alcoholism in Chicago requires a program which will prevent alcoholics who now live in other parts of the city from ultimately drifting into skid row areas. It is recommended that the Alcoholic Treatment Center continue its specialized work with family men as part of a program to prevent local alcoholics from deteriorating to conditions of homelessness. It is further recommended that the Center establish, as part of its program, a pilot project of moderate size for the treat-

ment of skid row alcoholics, using its multi-therapy approach which combines medicine, psychiatry, religion, recreation, Alcoholics Anonymous, education and research. Such a pilot project could do much to supply valuable information to guide larger scale projects for the control and treatment of alcoholics among homeless men. The Center should cooperate with the Chicago Committee on Alcoholism and its Portal House, the only voluntary alcoholism agency in this area, and the Illinois Division on Alcoholism, in its efforts to educate the public and rehabilitate skid row alcoholics.

6) The Temporarily Destitute, the Migratory Worker and the "Bum"

A lodging house for transient and destitute men should be built. New York City has such a shelter which it operates as a screening depot for men who need help. Employment service, counseling and other welfare activities are available to the resident. The staff, which should be well-trained, must be realistic and hard headed and encourage high standards of conduct and cleanliness. Such a shelter serves the unemployed workingman, the "broke" new-comer who has not yet found employment, the drunken man who is placed in special sobering up spaces instead of being thrown in jail or left in the streets, and the migrant worker between locations. Partial payment for the services should be accepted whenever the person can afford to pay.

The resource people thought the public shelter would attract at least some "bums" and derelicts from other cities. Yet they generally favor the idea, believing its advantages outweigh the disadvantages.

The resource persons who felt there was some hope of making self-sustaining citizens of "bums," recommended single rooms and a fairly high level of housing with concentrated attempts to achieve rehabilitation. Those who were pessimistic about the rehabilitation of the resident bums would provide only the minimum of comfort and safety. Open dormitories, as the cheapest and most easily supervised form of housing on present skid row locations, were recommended by the largest number of resource persons.

A large proportion of the resource persons recommended small single rooms for transients, but many recommended their rehousing in cubicles or dormitories. They saw less benefit in providing higher quality housing to transients. However, they acknowledged an obligation to improve housing conditions for transients as well. If the cubicle hotels are allowed to exist, they should be modernized and greatly improved with respect to safety, ventilation, clean linens, and size of cubicle. There was a strong desire to keep them localized at the present site of skid row rather than scatter them. This still would leave the city with a skid row but one which is considerably smaller and considerably improved.

7) Ex-convicts

Programs are needed for the ex-convict who cannot adjust to and who are not accepted in the general community. These men often turn to skid row for comfort and anonymity. Facilities for their rehabilitation are lacking at present and are badly needed.

8) The Criminal

There was a strong demand for a program for apprehension and housing in jail for criminals (and most persons had the jackroller in mind).

9) Minimum Wage Law Compliance

Wage rates paid on skid row leave much to be desired and the minimum wage laws are frequently violated. A careful review of minimum wage compliance should be made of every hotel, restaurant, mission, employment agency and firm known to employ skid row men.

Many of the more widespread abuses, excesses and bad practices which take place on skid row can be remedied by a greater and more sincere attention to inspection, supervision and control, especially through the municipal licensing powers.

10) Liquor Establishments

This study shows that skid row contains an inordinately large number of liquor dispensing establishments, as many as four to six to a block. None of them exist for altruistic purposes and all are in business for profit. Because of the heavy competition they must sell every drink they can in order to make this profit. Such competitive pressure often leads proprietors to ignore the laws regulating the sale of alcohol.

The laws concerning the sale of liquor to intoxicated persons should be enforced. Severe penalties should be administered to taverns which fail to comply, and to police officers who fail to enforce the laws.

Zoning laws limiting the number of alcohol dispensing establishments in any given area should be instituted and rigidly enforced.

Cafeterias and food-dispensing establishments also should undergo rigorous inspections as to cleanliness of both premises and food preparation. Operating licenses should be revoked for failure to comply with the appropriate codes.

11) Prevention of Skid Rows

In the final analysis, the best type of skid row control is achieved when effective preventive measures eliminate the conditions which create skid rows. The results of this study show that the number of men arriving on skid row would be reduced to a relatively insignificant number if the following preventive steps are taken:

- (a) Support of indigent elderly pensioners so that they can afford neighborhoods other than skid row. Such a program would shut off the flow of victims of poverty to skid row areas.

- (b) Eliminate the loopholes in the laws relating to Social Security, minimum-wages and pensions-for-industrial-accidents, and develop a system whereby pensions would be inflation free, so that every workingman who had not been a "bum" at retirement, would have a minimally adequate level of living assured him. Also attempts should be made to regulate the system of pay to the summer railroad workers, many of whom spend their winters drinking on skid row.
- (c) Provision of needed medical care. This would not only cause a reduction in the number of men presently on skid row, but would also greatly diminish the supply of men arriving at skid row.
- (d) Rehabilitation and employment programs for handicapped persons.
- (e) All programs to promote mental health tend to reduce the skid row population in two ways: first, they reduce the number of men who seek refuge in drinking and, second, they reduce the number of men who flee from regular society to spend their life in comparative isolation.
- (f) A coordinate program of detection and treatment of alcoholism in its early stages. An expanded program of treatment for alcoholism in its later stages.
- (g) Programs that attempt to reduce crime and other forms of social deviation reduce the flow of persons to skid row. Moreover, programs to rehabilitate men with criminal records and to correct social deviation during the youth or early adulthood achieve the same results.

SUMMARY AND CONCLUSIONS

The material in this study serves to make a single conclusive point very clear: *the redevelopment of skid row areas cannot be achieved without a careful program for relocating and rehabilitating the residents of the area.*

The relocation process, as it relates to skid row, should begin as far in advance as is possible of actual redevelopment programs for the area. Tardy relocation and rehabilitation efforts would strain the available resources and lead the program to its own defeat.

The program calls for greater cooperation and coordination between municipal planning, housing, and redevelopment agencies and the various public and private welfare agencies. Aggressive efforts on the part of these groups can lead to the correction of the conditions which create skid row. Specifically the program calls for:

The establishment of the Bureau of Migrant and Homeless Persons which will coordinate and direct the work of the various agencies in treating and relocating the residents of skid row. The Bureau will

be responsible for research, public information, setting of standards, inspection, and operation of a central intake and referral division.

The program calls for the development of more creative and positive communication with the general public regarding the nature of skid row and the advantages of redevelopment of skid row and rehabilitation of the men living there.

The program calls for centralized referral, by the Bureau, of skid row men to appropriate treatment facilities in order to reduce their dependency and alleviate their problems. Programs of treatment would include:

Vocational rehabilitation and training.

Medical treatment.

Treatment for alcoholism.

Institutionalization for those who need it.

Care for the elderly and handicapped.

The program calls for the provision of decent, safe, and sanitary re-housing for the residents of skid row, based on their needs and within their means. This includes:

Immediate re-housing for the elderly pensioner in existing public or private nursing homes, foster homes, old age homes, and standard low rent rooms.

Provision of public housing or housing under Section 231—Housing for the elderly and low income workingman.

Construction of primary treatment centers and halfway houses for alcoholics.

Erection of a public shelter for the temporarily destitute and the migrant worker.

The upgrading of existing structures on skid row for those who will not live elsewhere.

The program calls for the redevelopment of the present skid row areas through:

The use of a comprehensive plan for the area.

Gradual acquisition and demolition of the worst structures.

Systemized and intensified code enforcement.

New construction and rezoning.

Licensing restrictions on liquor establishments.

This program calls for *programs of prevention* which will further decrease skid row as an entity or as a necessity. These include:

Community programs for mental health.

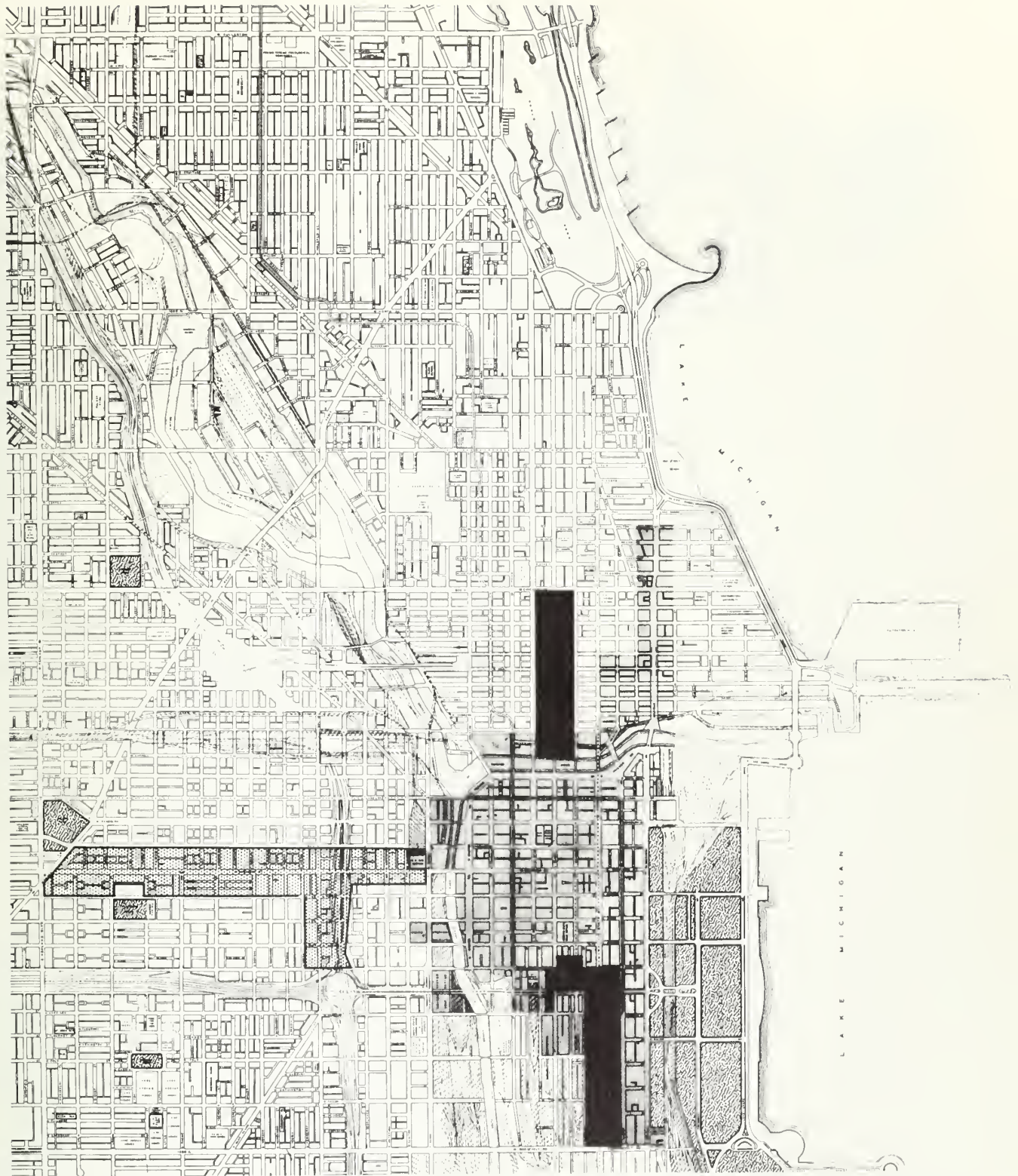
Increased welfare and Social Security payments and minimum wage law compliance to decrease poverty.

Community programs for medical care.

The present opportunity to detail and implement a comprehensive welfare-housing program for skid row is greater than ever before. The ultimate goal is in sight, to rid the city of its most obvious concentration of human misery. This report, its findings and recommendations, create a firm basis for positive action.

Appendix I

Selected Maps: Skid Row

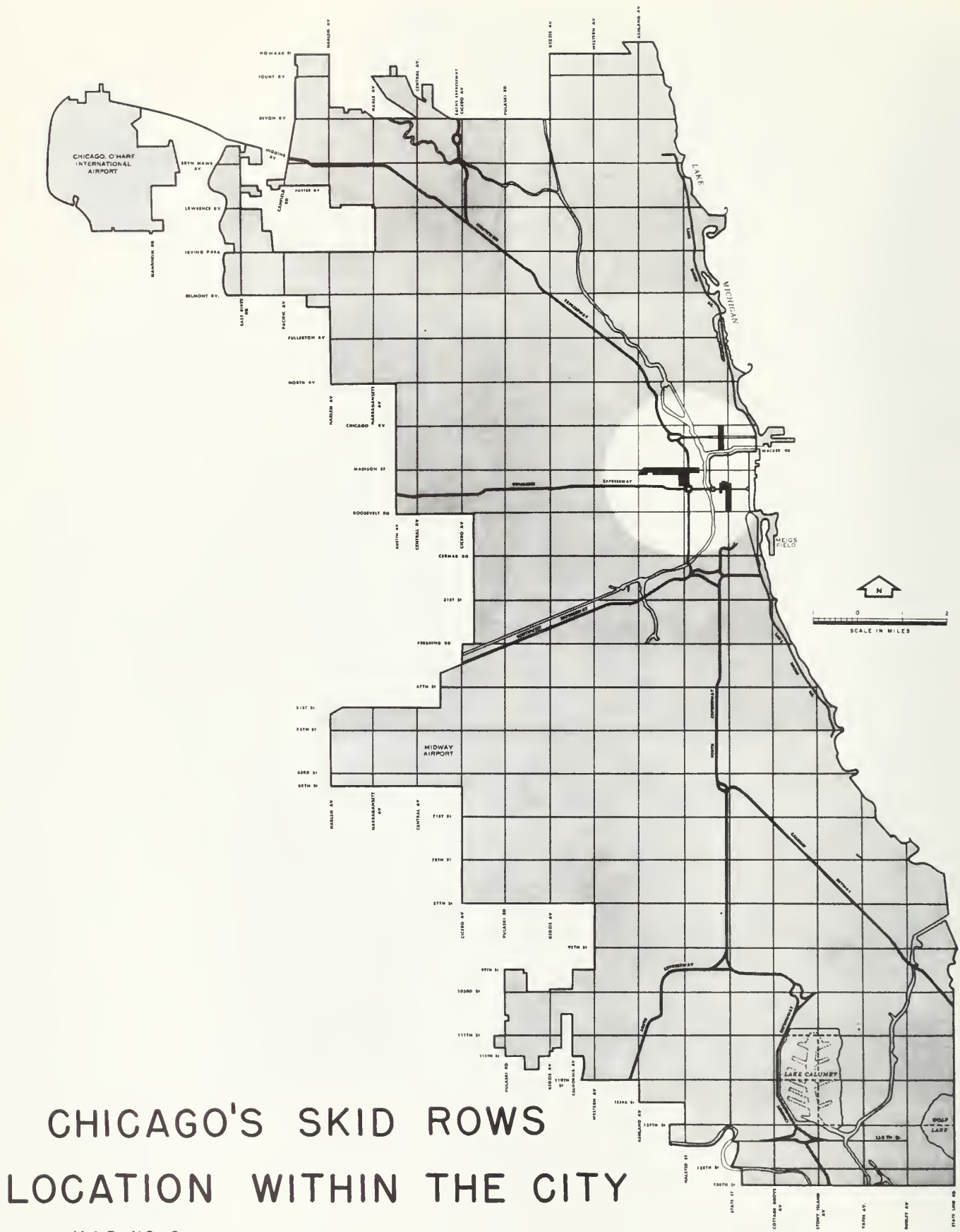


CHICAGO'S SKID ROWS
RELATED TO
CENTRAL BUSINESS DISTRICT



1 0 1 2
SCALE IN THOUSAND FEET

MAP NO. 1

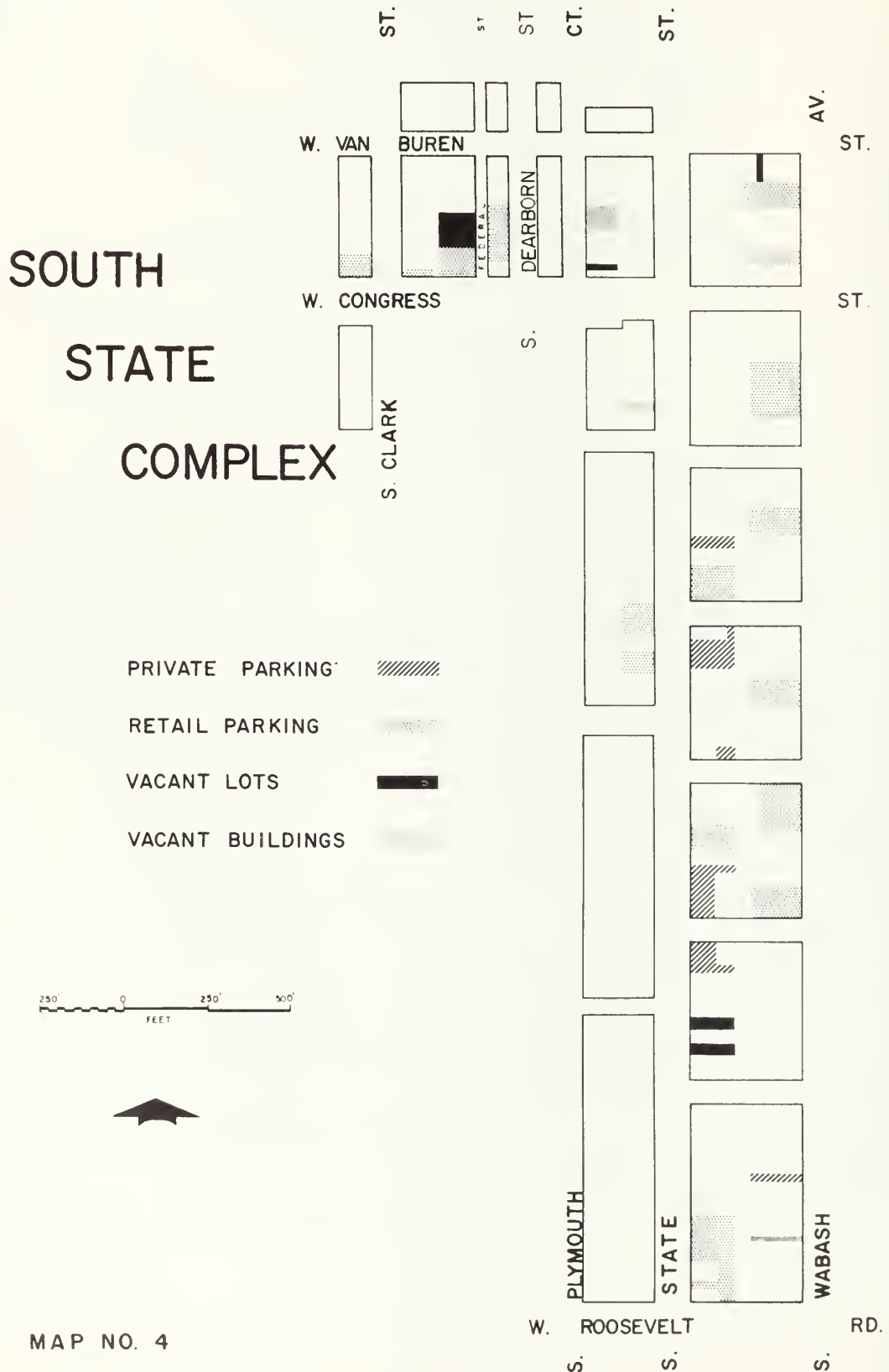


DISPERSAL OF IMPROVED AND UNIMPROVED LAND WITH LOW USE INTENSITY

WEST MADISON COMPLEX




DISPERSAL OF IMPROVED AND UNIMPROVED LAND WITH LOW - USE INTENSITY





MAP NO. 4


DISPERSAL OF IMPROVED AND UNIMPROVED LAND WITH LOW - USE INTENSITY

NORTH CLARK COMPLEX

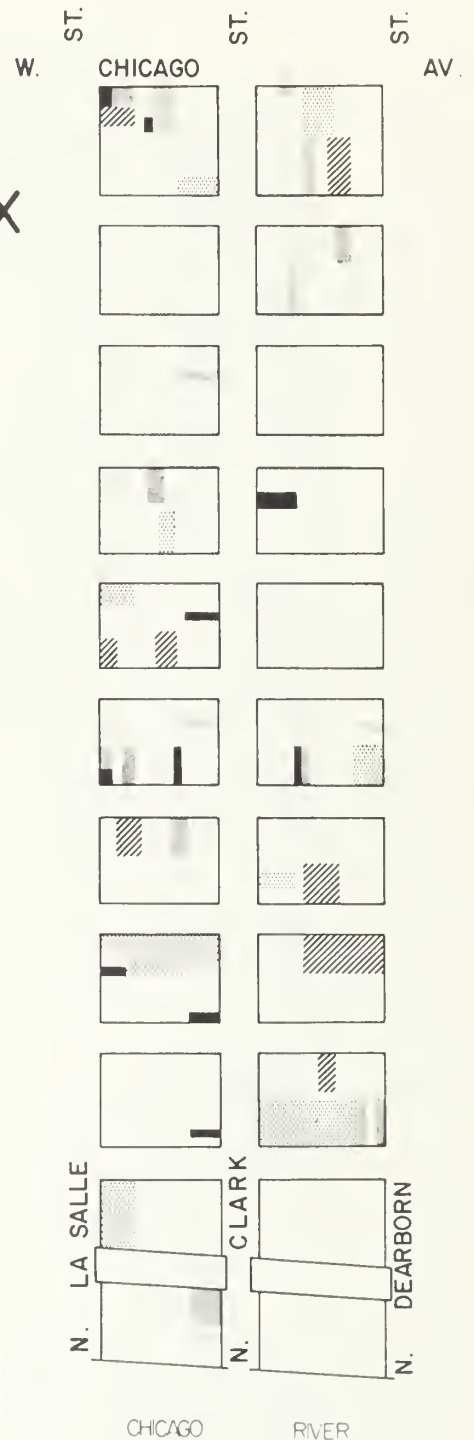
PRIVATE PARKING 

RETAIL PARKING 

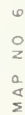
VACANT LOTS 

VACANT BUILDINGS 

250' 0 250' 500'
FEET



WEST MADISON COMPLEX



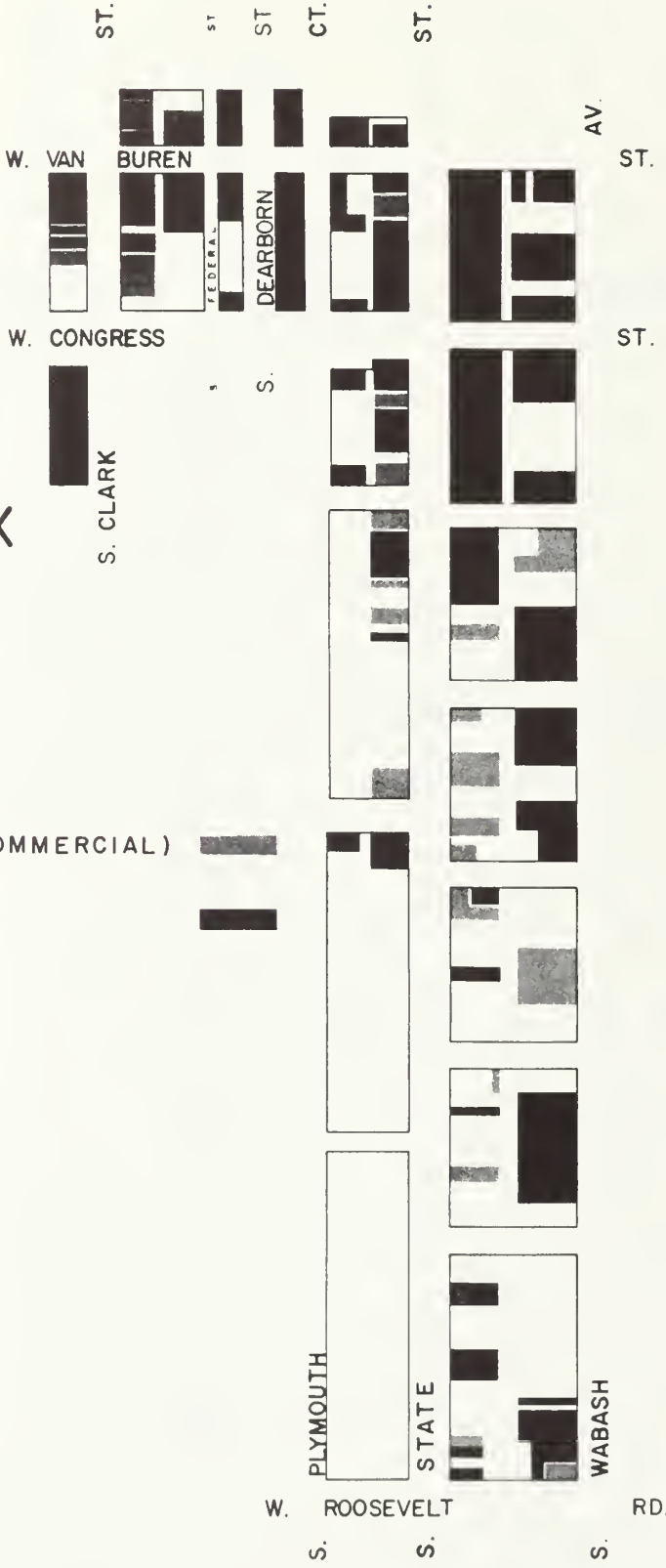
COMMERCIAL CONCENTRATION

SOUTH
STATE
COMPLEX

MIXED USE (RESIDENTIAL - COMMERCIAL)
COMMERCIAL



MAP NO. 7



COMMERCIAL

CONCENTRATION

NORTH CLARK COMPLEX

MIXED USE (RESIDENTIAL - COMMERCIAL) ———

COMMERCIAL ———

250' 0 250' 500'
FEET



INDUSTRIAL LAND COVERAGE

WEST MADISON COMPLEX

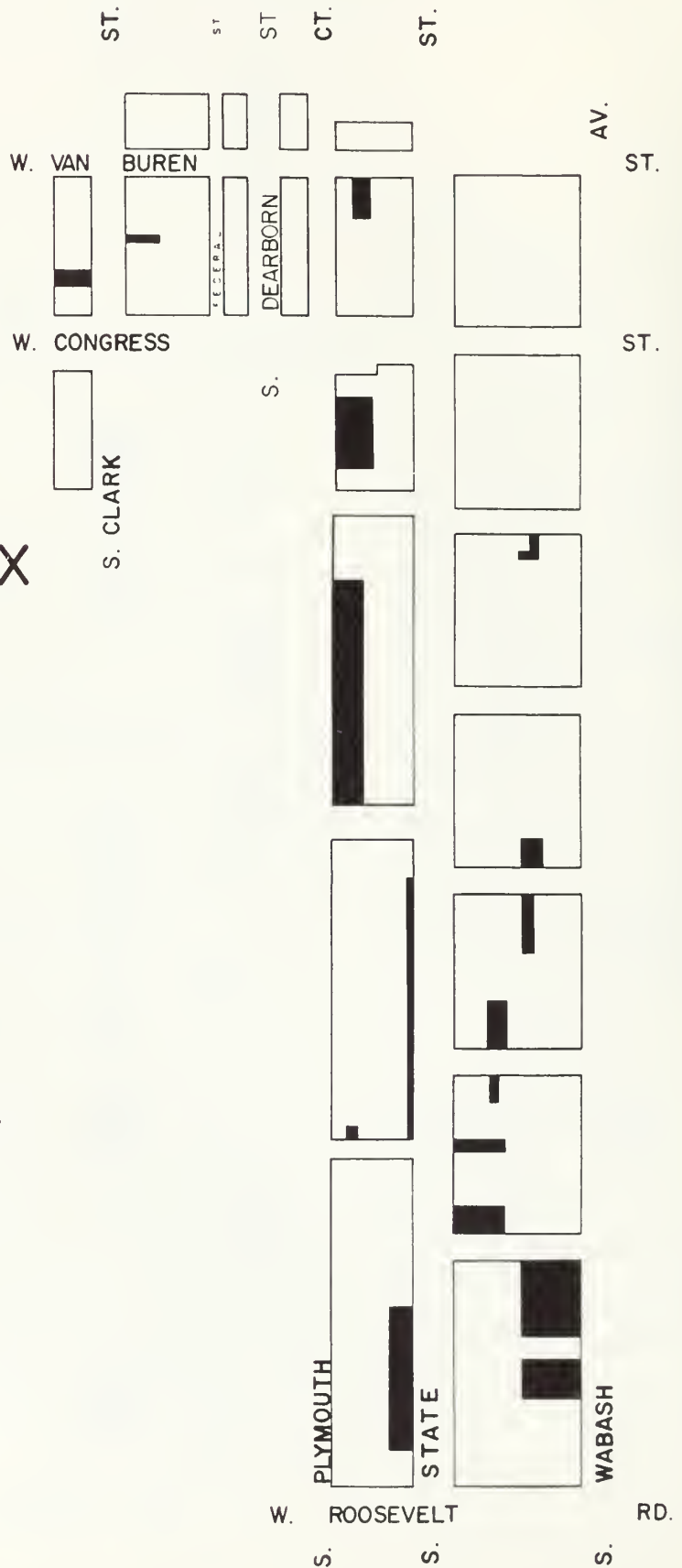


MAP NO. 9

INDUSTRIAL LAND COVERAGE

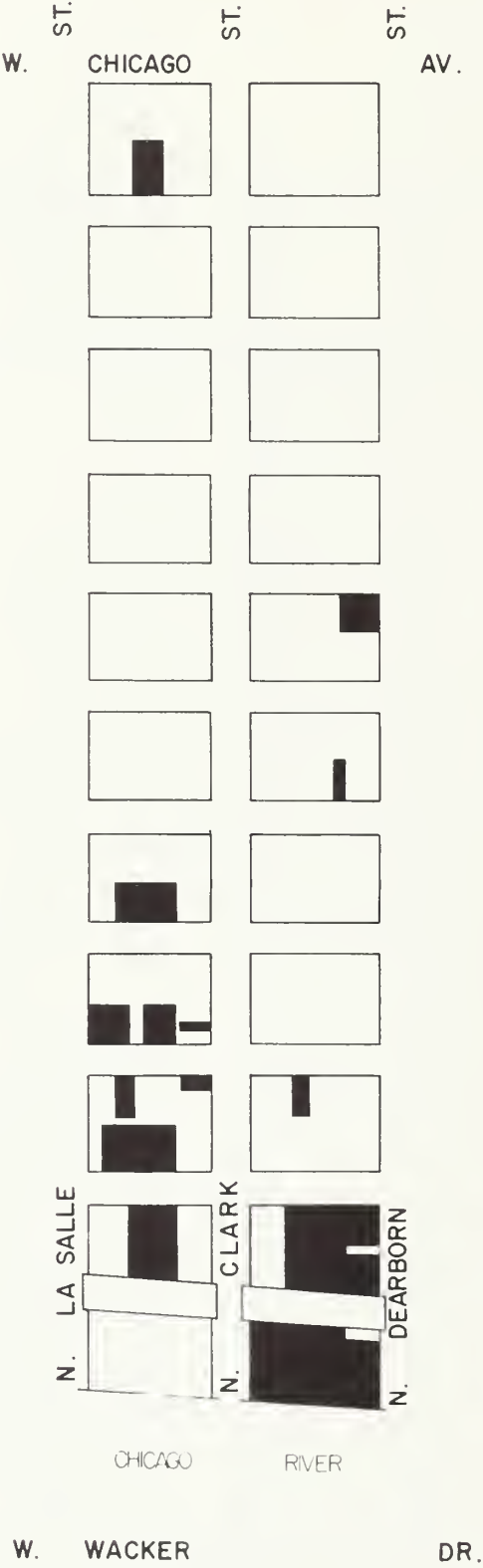
SOUTH STATE COMPLEX

250' 0 250' 500'
FEET



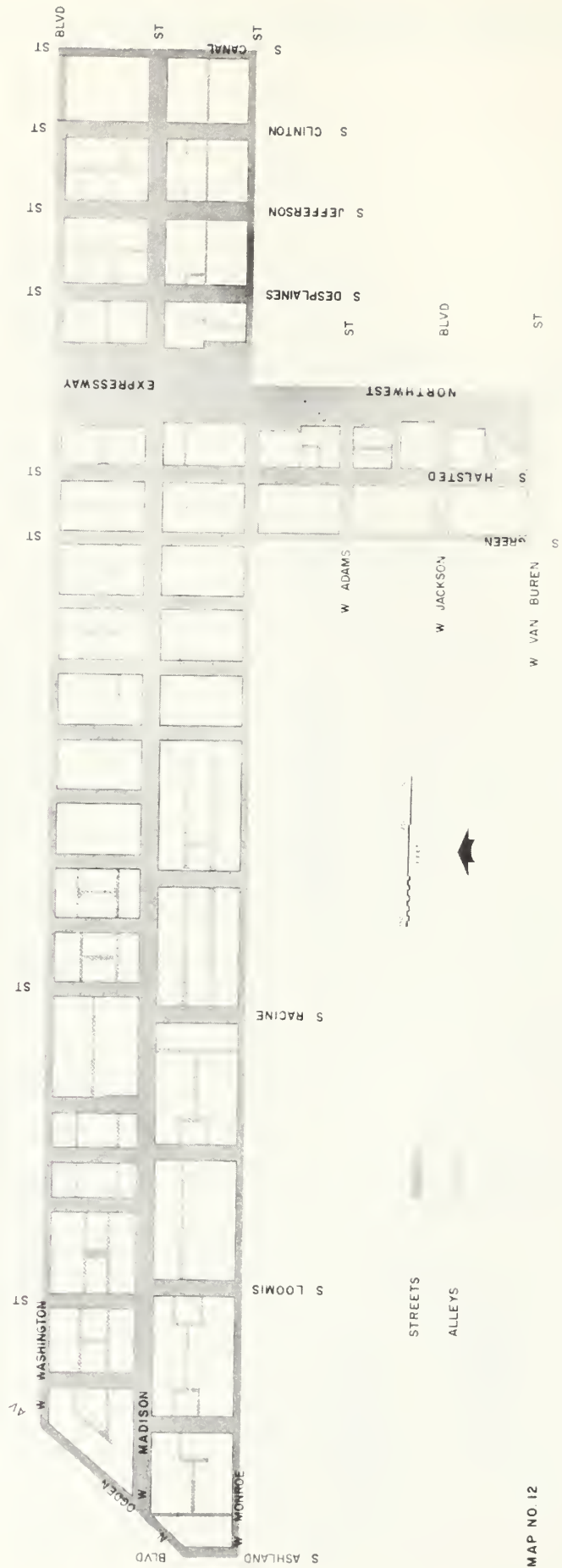
INDUSTRIAL LAND COVERAGE

NORTH CLARK
COMPLEX



LAND COVERAGE DEVOTED TO STREETS AND ALLEYS

WEST MADISON COMPLEX



MAP NO 12

LAND COVERAGE DEVOTED TO STREETS AND ALLEYS

SOUTH
STATE
COMPLEX

STREETS
ALLEYS



MAP NO. 13

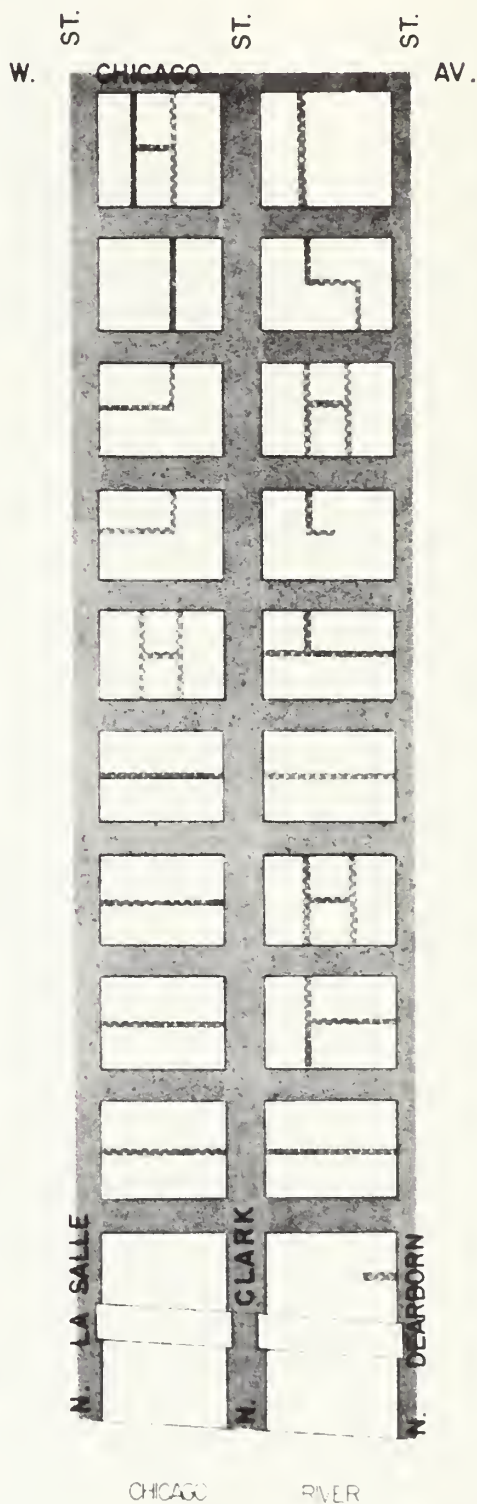


LAND COVERAGE DEVOTED TO STREETS AND ALLEYS

NORTH CLARK COMPLEX

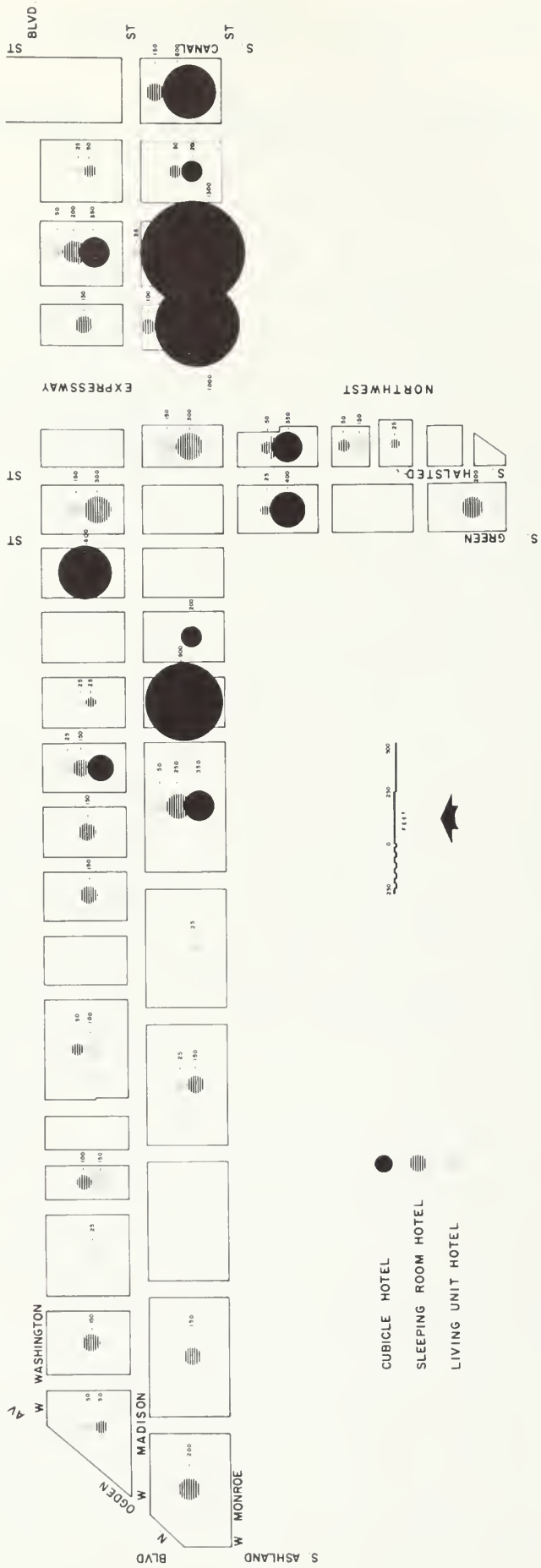
STREETS

ALLEYS



PROFILE OF HOTEL CAPACITY BY BLOCK AND TYPE

WEST MADISON COMPLEX



PROFILE OF HOTEL CAPACITY BY BLOCK AND TYPE

SOUTH STATE COMPLEX

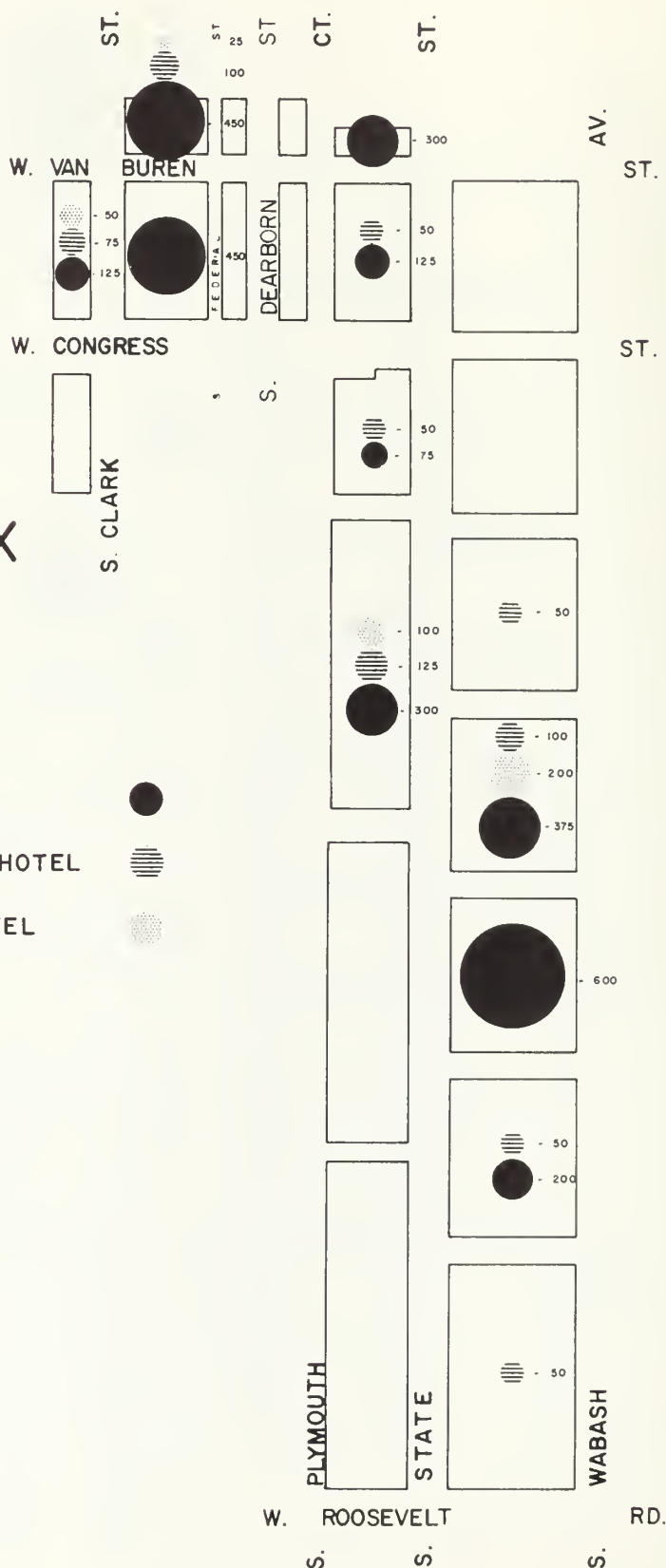
CUBICLE HOTEL

SLEEPING ROOM HOTEL

LIVING UNIT HOTEL



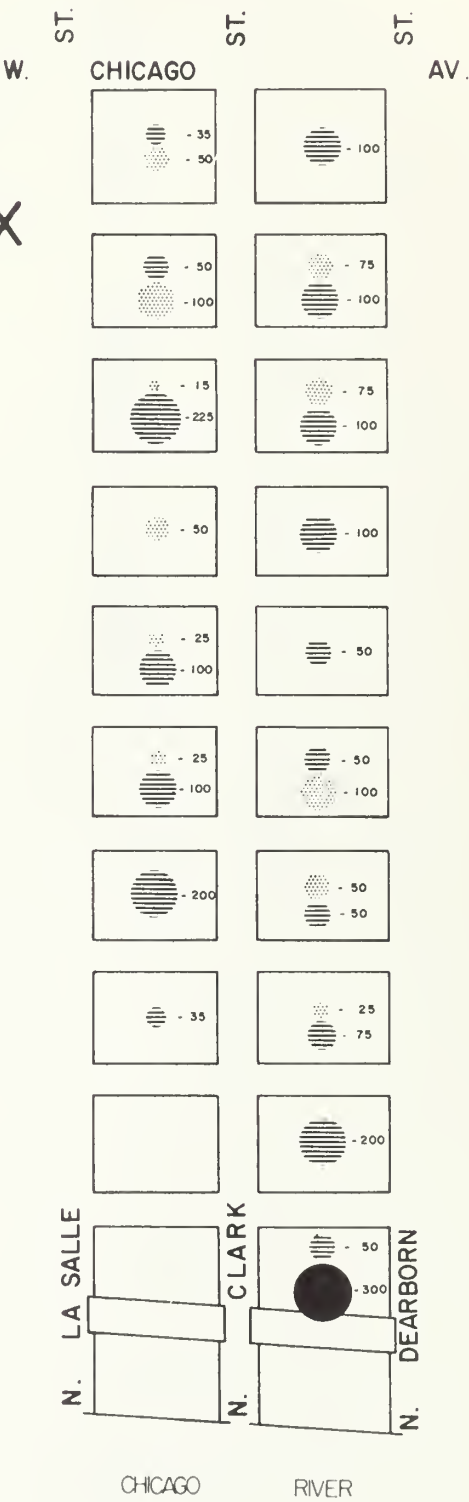
MAP NO. 16



PROFILE OF HOTEL CAPACITY BY BLOCK AND TYPE

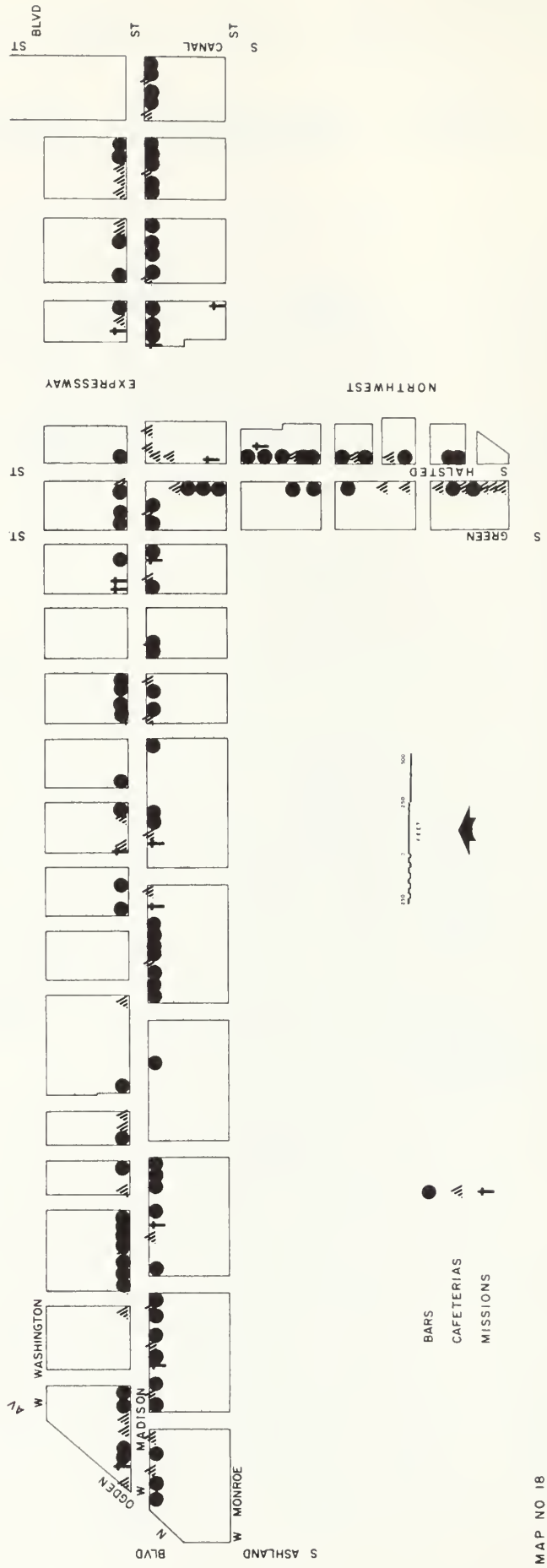
NORTH CLARK COMPLEX

- CUBICLE HOTEL
- SLEEPING ROOM HOTEL
- LIVING UNIT HOTEL



SPECIAL RELATED USES

WEST MADISON COMPLEX



SPECIAL RELATED USES

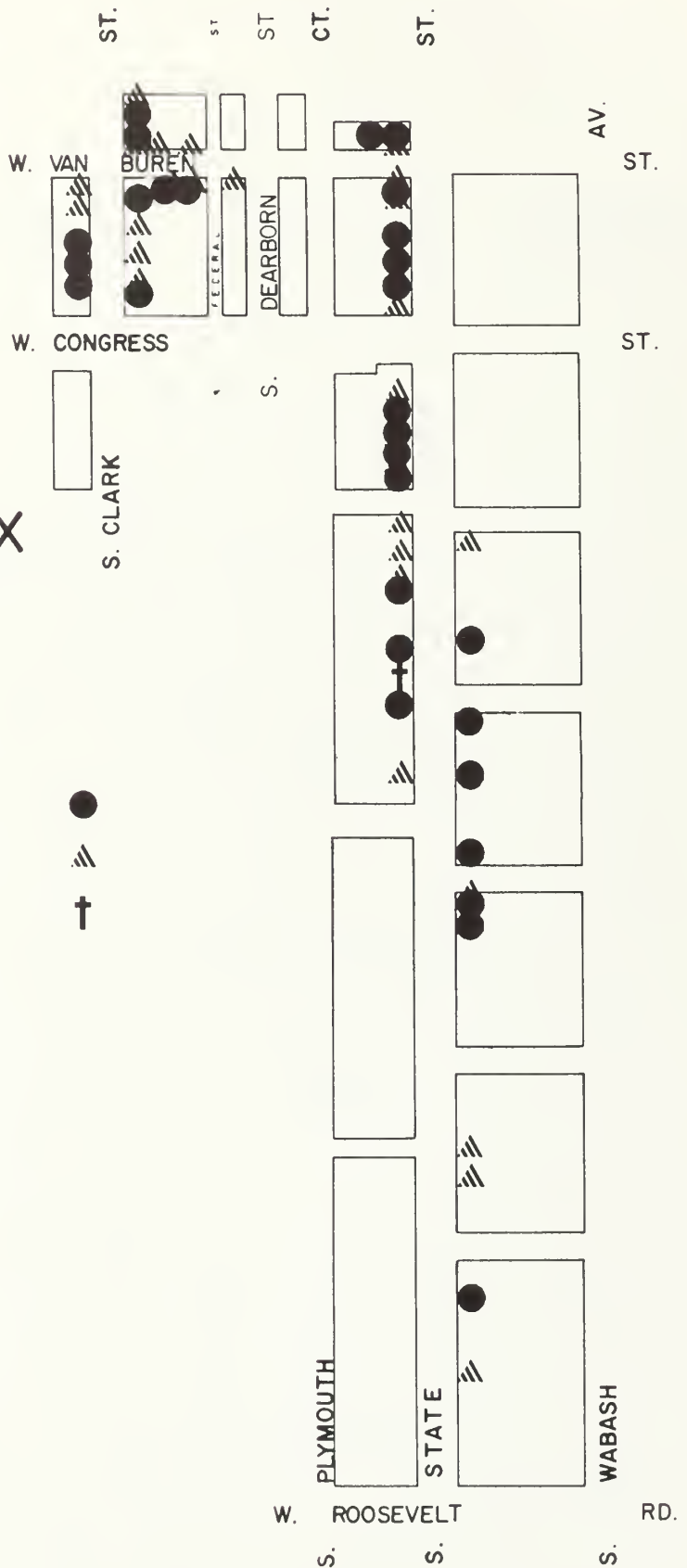
SOUTH STATE COMPLEX

BARS
CAFETERIAS
MISSIONS

250' 0 250 500'
FEET

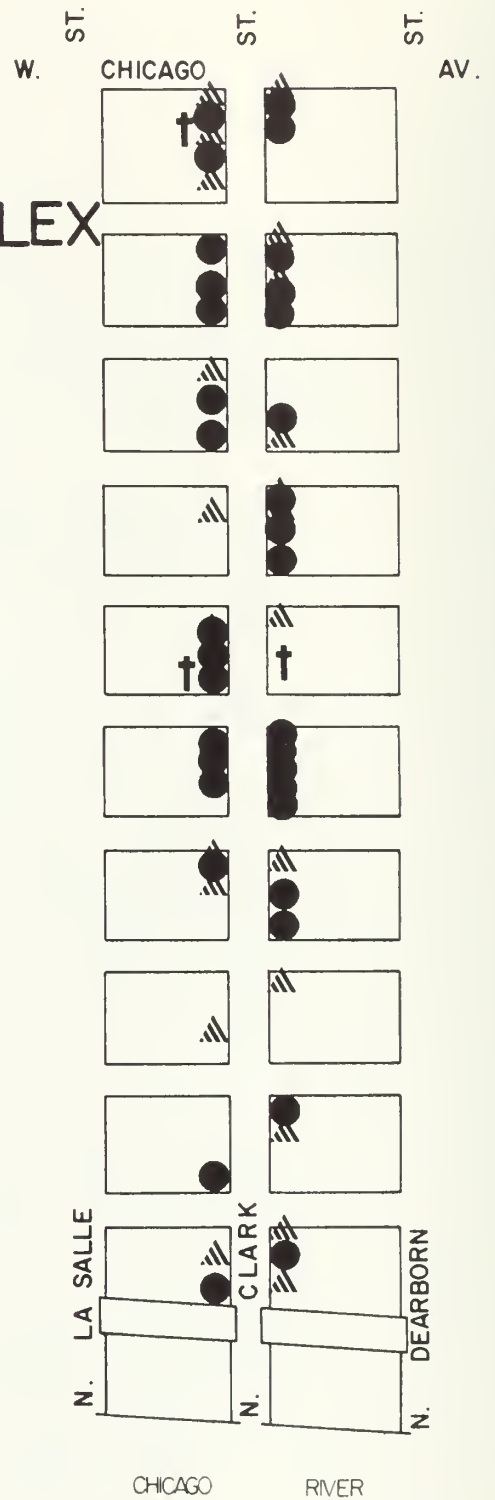


MAP NO. 19



SPECIAL RELATED USES

NORTH CLARK COMPLEX



MAP NO. 20

W. WACKER

DR.

Appendix II

Selected Tables: Skid Row

SECTION 1. LAND USE AND HOUSING

Table I
EXISTING LAND USE BY AREA, 1958

Land Use	All		W. Madison		S. State		N. Clark	
	Acreage	%	Acreage	%	Acreage	%	Acreage	%
Cross Area	315.5	100.0	185.9	100.0	70.0	100.0	59.6	100.0
Residential	57.4	18.2	36.6	19.8	7.0	10.1	13.8	23.2
Dwelling	12.4	3.9	7.4	4.0	.9	1.3	4.1	6.9
Mixed	30.9	9.8	21.5	11.6	3.8	5.5	5.6	9.4
Public & Inst.	9.0	2.9	4.6	2.5	1.4	2.0	3.0	5.1
Vacant	5.1	1.6	3.1	1.7	.9	1.3	1.1	1.8
Non-residential	119.2	37.9	69.7	37.5	32.8	46.9	16.7	28.0
Commercial	54.6	17.3	31.8	17.1	15.6	22.3	7.2	12.1
Industrial	38.6	12.3	22.2	12.0	11.2	16.0	5.2	8.7
Unimproved	21.3	6.8	11.9	6.4	5.6	8.0	3.8	6.4
Vacant Structures	4.7	1.5	3.8	2.0	.4	.6	.5	.8
Streets & Alleys	138.9	43.9	79.6	42.7	30.2	43.0	29.1	48.8

Table II
PRESENT USE OF STRUCTURES BY AREA, 1958*

Area	All	Residential						Comm.			
		Total	2-3-4		Total	Comm. 2-3-4		Total	Comm.		
			Hotels	Family		Hotel	Family		Ind.	Inst.	
											Vacant*
(1)											
S. State	165	7	6	Res/Ind	39	39	—	92	13	8	6
N. Clark	246	55	25	30	77	59	18	80	17	6	11
W. Madison	613	137	8	129	136	129	7	188	109	24	19
Total	1024	199	39	160	252	227	25	360	139	38	36
*Residential only—hotels; residential and commercial hotels include all residential structures of 5 or more dwellings.											

*Residential only—hotels; residential and commercial hotels include all residential structures of 5 or more dwellings.

Table III
HOTELS — AGE OF STRUCTURE

Complex	Total Structures	Before 1900	Capacity	1900-1919	Cap.	1920-1929	Cap.
<i>W. Madison (Total)</i>	61	48	5,152	7	959	6	2,691
Sleeping room	32	27	1,890	4	155	1	153
Cubicle	21	14	2,946	2	796	5	2,538
Living Unit	8	7	316	1	8	—	—
<i>S. State (Total)</i>	22	19	3,020	3	632	—	—
Sleeping room	7	6	311	1	32	—	—
Cubicle	15	13	2,709	2	600	—	—
Living Unit	—	—	—	—	—	—	—
<i>N. Clark (Total)</i>	34	34	1,984	—	—	—	—
Sleeping room	26	26	1,388	—	—	—	—
Cubicle	2	2	261	—	—	—	—
Living Unit	6	6	335	—	—	—	—
<i>Total All Complexes</i>	117	101	10,156	10	1,591	6	2,691
Sleeping room	65	59	3,589	5	187	1	153
Cubicle	38	29	5,916	4	1,396	5	2,538
Living unit	14	13	651	1	8	—	—

Table IV
**SELECTED CHARACTERISTICS OF LIVING ACCOMMODATIONS
BY AREA, 1958**

Characteristics	All	W. Madison	S. State	N. Clark	S. Clark & Van Buren
<i>Distribution of men by type of residence, Total (Percent)</i>	100.0	100.0	100.0	100.0	100.0
Cubicle Hotels	67.4	68.8	73.8	29.5	100.0
Large (300 or more)	38.8	48.7	55.7	—	40.9
Medium (200-299)	14.9	10.1	—	29.5	47.2
Small (1-199)	13.7	10.0	18.1	—	11.9
Hotels with rooms	14.0	13.8	9.0	70.5	—
Rooming houses	6.8	9.3	3.5	—	—
Missions	8.2	8.1	13.7	—	—
Other	3.6	(unavailable by area, includes hospitals, jails, sleeping out)			
<i>Type of available sleeping place, Total (Number)</i>	11,943	7,493	2,015	755	1,680
Cubicle total	10,125	6,339	1,902	249	1,635
Large (300 or more)	6,226	4,226	1,463	—	537
Medium (200-299)	2,118	1,150	—	249	719
Small (1-199)	1,781	963	439	—	379
Hotels with rooms	1,818	1,154	113	506	45
<i>Vacancy rate total (Percent)</i>	11.0	17.0	31.0	9.0	13.0
Cubicles, total	21.0	18.0	35.0	*	*
Large	26.0	13.0	36.0	—	*
Medium	16.0	34.0	—	*	20.0
Small	8.0	22.0	30.0	—	—
Hotels with rooms	8.0	10.0	26.0	4.0	—

*Withheld to avoid disclosing information for individual hotels

Table V

**NUMBER OF DEFICIENCIES (BUILDING AND FIRE)
IN SKID ROW HOTELS 1955-57**

No. Deficiencies	All Hotels	Cubicle Hotels			Hotels with Rooms	Sleeping Spaces All Hotels
		Large	Medium	Small		
<i>Total (Percent)</i>	100.0	100.0	100.0	100.0	100.0	100.0
No deficiencies	2.5	—	—	—	3.3	.4
1-2 deficiencies	5.7	8.3	7.1	—	5.8	7.8
3-4 deficiencies	13.3	25.0	21.4	9.1	11.6	20.7
5-6 deficiencies	17.1	33.3	28.6	45.4	11.6	27.3
7-9 deficiencies	30.4	8.3	35.8	45.5	30.6	23.1
10-14 deficiencies	20.3	25.1	7.1	—	23.1	17.2
15 or more deficiencies.....	10.7	—	—	—	14.0	3.5

Table VI

TYPES OF BUILDING DEFICIENCIES IN SKID ROW HOTELS, 1956-57

Type of Deficiency	Per Cent Having Deficiency					Hotels with Rooms	Sleeping Spaces All Hotels
	Structures						
	All Hotels	Cubicle Hotels					
		Large	Medium	Small			
Plumbing fixtures not in good operating condition	9.5	25.0	28.6	9.1	5.8	16.0	
Inadequate plumbing, one or more floors	69.0	91.7	92.9	81.8	62.8	81.3	
Plumbing fixtures not clean.....	2.5	16.7	7.1	9.1	—	8.5	
Heating inadequate	1.3	—	—	—	1.7	0.2	
Hot water not adequate.....	1.3	—	—	—	1.7	0.3	
Overcrowding of space	1.9	8.3	7.1	—	0.8	4.7	
Floors not clean and sound.....	15.8	8.3	14.3	18.2	16.5	13.4	
Walls not clean and sound.....	31.0	41.7	35.7	45.5	28.1	38.2	
Ceilings not clean and sound.....	33.5	33.3	21.4	54.5	33.1	30.7	
Materials improperly stored under stairways	6.3	—	—	—	8.3	2.2	
Basement wet or in poor condition.	11.4	—	14.3	18.2	11.6	7.2	
Refuse or junk in basement.....	15.8	8.3	14.3	9.1	17.4	12.5	
Garbage improperly stored	10.1	16.7	14.3	9.1	9.1	12.9	
Garbage removal inadequate	2.5	—	—	—	3.3	0.7	
Halls, stairs, exits obstructed.....	10.8	—	—	9.1	13.2	6.0	
Evidence of rats	1.3	—	—	—	1.7	0.4	
Evidence of vermin	6.3	—	7.1	—	7.4	3.5	

Table VII

NUMBER OF BUILDING DEFICIENCIES IN SKID ROW HOTELS, 1956-57

Type of Deficiency	Per Cent Having Deficiency					Sleeping Spaces All Hotels
	Structures				Hotels with Rooms	
	All Hotels	Cubicle Hotels				
		Large	Medium	Small		
Number of Places, Total.....	100.0	100.0	100.0	100.0	100.0	100.0
No building deficiencies	20.3	8.3	7.1	9.1	24.0	13.6
1 deficiency	22.2	8.3	50.1	9.1	21.5	19.4
2 deficiencies	17.7	50.1	7.1	18.2	15.7	33.2
3 deficiencies	13.9	8.3	14.4	36.3	12.4	11.2
4 deficiencies	12.7	16.7	—	27.3	12.4	10.7
5 deficiencies	5.7	—	7.1	—	6.6	4.8
6 deficiencies	3.8	8.3	7.1	—	3.3	4.2
7 deficiencies	2.5	—	—	—	3.3	1.1
8 or more deficiencies	1.2	—	7.1	—	0.8	1.8

Table VIII

NUMBER OF FIRE PREVENTION DEFICIENCIES IN SKID ROW HOTELS

Number of Deficiencies	Per Cent Having Deficiency					Hotels with Rooms	Sleeping Spaces All Hotels
	Structures						
	All Hotels	Cubicle Hotels					
		Large	Medium	Small			
Total (Percent)	100.0	100.0	100.0	100.0	100.0	100.0	
No deficiencies	6.3	—	—	—	8.3	1.5	
1 deficiency	1.3	—	7.1	—	0.8	2.9	
2 deficiencies	8.9	33.3	7.1	9.1	6.6	21.0	
3-4 deficiencies	30.9	41.7	57.2	54.5	24.8	37.9	
5-6 deficiencies	15.8	8.3	21.5	27.3	14.9	18.0	
7-9 deficiencies	18.4	16.7	7.1	9.1	20.7	11.5	
10-14 deficiencies	12.7	—	—	—	16.5	5.4	
15 deficiencies and over.....	5.7	—	—	—	7.4	1.8	

Table IX
**TYPES OF FIRE PROTECTION DEFICIENCIES
IN SKID ROW HOTELS, 1955**

Type of Deficiency	Per Cent Having Deficiency						
	Structures					Hotels with Rooms	Sleeping Spaces All Hotels
	All Hotels	Cubicle Hotels					
		Large	Medium	Small			
Floors not systematically patrolled at night ^(a)	20.9	8.3	7.1	9.1	24.8	15.7	
Stairways not enclosed	54.4	—	14.3	36.4	66.1	22.4	
Stairways not enclosed with fire resistant material	6.3	—	7.1	—	7.4	3.6	
Doors to stairways not equipped with self-closing device	5.1	8.3	—	—	5.8	4.9	
Exit doors do not swing outward...	12.1	—	—	—	15.7	2.8	
Obstruction blocks exits to fire escapes	7.0	—	7.1	—	8.3	3.5	
No crash or glass panels in doors to fire escapes	4.4	8.3	—	9.1	4.1	4.1	
Doors to exits do not have illuminated signs	1.3	—	—	—	1.7	0.5	
No emergency lighting system.....	14.6	8.3	7.1	—	17.4	9.2	
Electric wiring does not conform to city's electric standards.....	5.1	—	—	—	6.6	1.9	
Hotels lack a fire alarm system....	36.7	66.7	—	27.3	38.8	40.1	
Hotels have no provision for fire brigade	55.1	66.7	100.0	90.9	45.5	68.3	
Fire brigade does not function continuously	—	—	—	—	—	—	
Ignorance of how to report fires via alarm box	7.0	16.7	14.3	—	5.8	9.2	
No fire warnings or fire instructions for guest	13.3	8.3	7.1	27.3	13.2	12.3	
Insufficient ash trays	2.5	8.3	7.1	—	1.7	3.8	
No fire prevention program.....	29.1	16.7	14.3	9.1	33.9	21.5	
Fire extinguishers not properly tagged	5.1	—	—	—	6.6	1.8	
Fire extinguishers not recharged in last 12 months.....	8.2	—	7.1	9.1	9.1	3.8	
Hotel has no standpipe system.....	85.4	75.0	85.7	90.9	86.0	87.6	
Hotel has no sprinkler system.....	86.7	75.0	92.9	81.8	87.6	88.0	
Flammable liquid is stored on premises	14.6	—	7.1	9.1	17.4	9.2	
Fire escape not in good condition.	5.1	—	—	—	6.6	2.7	
Good housekeeping conditions do not prevail	9.5	—	—	—	12.4	4.2	

^(a)Patrolled at less than hourly intervals or irregularly, if at all.

SECTION 2. THE RESIDENTS

Table X

CHARACTERISTICS OF THE RESIDENTS BY AREA, 1958

Characteristics	All	W. Madison	S. State	N. Clark	S. Clark & Van Buren & Otr.
<i>Population</i>	11,926(100.0)	7,525(63.1)	1,687(14.1)	691(5.8)	2,023(17.0)
<i>Age, Total</i>	100.0	100.0	100.0	100.0	100.0
20-34	10.3	10.1	14.8	6.0	7.6
35-44	23.6	25.1	21.4	9.0	25.2
45-54	29.5	28.7	36.7	33.0	19.9
55-64	19.5	18.0	13.2	32.0	35.8
65 and over	17.1	18.1	13.9	20.0	11.5
<i>Employment Status</i>					
<i>Total</i>	100.0	100.0	100.0	100.0	100.0
Employed during preceding weeks	39.7	37.1	42.0	42.0	42.7
Not employed	60.3	62.9	58.0	58.0	57.3
<i>Reason not Working</i>					
<i>Total</i>	100.0	100.0	100.0	100.0	100.0
Too old or disabled	35.9	32.7	37.0	63.8	48.3
Temporary illness	9.9	9.8	9.6	—	21.4
Applied for work	39.4	41.9	41.1	20.7	21.4
Did not care to work	14.8	15.6	12.3	15.5	8.9
<i>Receipt of pension or Public Aid—Total</i>	100.0	100.0	100.0	100.0	100.0
No pension or aid	53.1	53.6	51.0	55.2	52.3
Receives aid*	46.9	46.4	49.0	44.8	47.7
OASI	10.3	10.1	13.6	13.4	3.4
OAA	2.2	2.3	—	4.5	3.4
Public Assistance	22.0	20.9	22.7	22.4	30.7
UC	11.9	12.5	14.1	9.0	3.4
Other	7.2	8.4	3.0	4.5	6.8
<i>Income—Total</i>	100.0	100.0	100.0	100.0	100.0
Less than \$500	13.1	11.4	19.7	7.1	20.0
500-1000	33.2	32.6	39.1	39.4	27.2
1000-1500	17.1	16.7	17.1	21.4	18.4
1500-2000	10.2	10.7	7.0	14.3	9.6
2000-2500	8.8	9.3	7.0	7.1	8.8
2500-3500	10.6	12.3	4.8	7.1	4.0
\$3500 and over	7.0	7.0	5.3	3.6	12.0

*Some of these men receive pension or aid from two sources and are listed for each source.

(Continued on next page)

Table X—continued

Characteristics	All	W. Madison	S. State	N. Clark	S. Clark & Van Buren & Otr.
<i>Hours worked last week</i>					
Total	100.0	100.0	100.0	100.0	100.0
1-14	23.9	23.7	36.8	14.3	12.3
15-34	24.6	25.8	24.2	14.2	24.6
35-40	28.3	28.2	19.5	35.7	35.8
41-47	11.9	10.3	9.3	35.7	12.3
48 or more	11.3	12.0	10.2	—	15.0
<i>Wage per week</i>					
Total	100.0	100.0	100.0	100.0	100.0
\$ 0-\$ 9	17.9	20.0	23.9	7.1	4.0
10- 19	17.4	18.5	24.0	7.1	6.7
20- 29	15.3	17.4	13.0	—	14.7
30- 39	9.5	6.0	11.2	28.6	17.3
40- 49	13.7	10.9	2.8	43.0	29.3
50- 69	14.0	14.3	19.5	—	12.0
\$70 and over	12.2	12.9	5.6	14.2	16.0
Occupation—Total	100.0	100.0	100.0	100.0	100.0
Professional	—	—	—	—	—
Mgr., ofc., prop., exec., farm	0.9	0.7	—	7.1	—
Clerical and kindred workers	11.6	12.1	19.5	—	4.0
Sales workers	2.5	2.0	1.9	14.3	—
Craftsmen, foremen and kindred workers	7.5	8.4	—	7.1	13.3
Operatives and kindred workers	10.3	11.9	10.3	—	6.7
Private household	1.8	2.0	—	7.1	—
Service workers	37.3	35.1	31.5	50.1	50.7
Farm laborers	0.4	0.7	—	—	—
Laborers (farm and mine excluded)	27.7	27.1	36.8	14.3	25.3
<i>Length of residence on skid row since last coming to Chicago—Total....</i>					
Transient - 0 - months	9.4	9.8	10.9	3.1	6.2
1 mo. - 2 months	11.4	12.3	9.0	7.3	10.9
3 mo. - 5 months	13.4	14.3	10.0	3.1	20.3
6 mo. - 11 months	10.2	10.0	9.3	12.4	12.5
1 yr. - 1 yr., 11 mo.....	10.1	9.2	15.6	12.4	4.3
2 yr. - 2 yr., 11 mo.....	8.5	8.7	9.3	9.3	4.7
3 yr. - 4 yr., 11 mo.....	8.0	6.2	10.9	15.5	15.6
5 yr. and over	29.0	29.5	25.0	36.9	25.5

(Continued on next page)

Table X—continued

Characteristics	All	W. Madison	S. State	N. Clark	S. Clark & Van Buren & Otr.
<i>No. of weeks spent in Chicago during preceding year—Total 100.0</i>					
0- 9 weeks	5.4				
10-19 weeks	5.1				
20-29 weeks	7.2				
30-39 weeks	6.0				
40-51 weeks	5.8				
52 weeks	70.5				
<i>Marital Status—</i>					
<i>Total 100.0</i>		100.0	100.0	100.0	100.0
Never married	44.1	47.5	34.3	44.0	32.1
Married	2.8	3.3	.8	3.0	2.3
Separated	13.5	11.3	21.4	14.0	17.6
Widowed	10.6	8.5	17.7	12.0	15.3
Divorced	29.0	29.4	25.8	27.0	32.7
<i>Drinking—Total 100.0</i>					
Teetotalers	15.3	13.9	16.2	25.0	17.2
Light	25.4	24.6	23.5	32.1	28.1
Moderate	16.6	15.8	22.1	17.9	14.1
Heavy	26.1	25.9	27.7	19.6	36.9
Alcoholic	16.6	19.8	10.5	5.4	3.7
<i>Education—Total 100.0</i>					
None	2.9	3.4	3.2	—	—
<i>Grade School</i>					
1-2 years	2.8	2.7	3.2	3.0	2.3
3-4 years	11.9	12.8	10.5	9.0	8.6
5-6 years	11.9	12.2	11.3	20.0	4.7
7-8 years	30.2	30.4	32.4	21.0	30.5
<i>High School</i>					
1-3 years	21.2	17.8	27.0	35.0	30.5
4 years	13.3	15.2	5.6	6.0	17.2
<i>College</i>					
1-3 years	4.7	4.5	4.4	6.0	6.2
4 years or more	1.1	1.0	2.4	—	—

Table XI
**EMPLOYMENT STATUS OF HOMELESS MEN BY DRINKING —
DISABILITY — AGE CLASSIFICATION, 1957**

Drinking—disability— age classification	Total	Employment Status			Spot job	Unemployed	Did not care to work	Tempo- rarily ill	Not in labor force	Ratio Steady to total employment
		Total employed	Steady jobs	Employed						
<i>Total</i>	100.0	39.8	21.9	17.9	23.4	9.0	6.1	21.7	55.0	
<i>A. Severely and moderately handicapped</i>										
1. Elderly 65 years and over..	100.0	21.7	9.3	12.4	15.6	10.0	10.8	41.9	42.9	
Teetotaler and light drinker	100.0	11.3	5.0	6.3	1.3	7.5	3.3	76.6	44.2	
Moderate and heavy drinker	100.0	7.2	3.6	3.6	—	5.4	3.0	84.4	50.0	
2. Young mid-age—20-64 ...	100.0	20.3	8.1	12.2	4.1	12.2	4.1	59.3	39.9	
Teetotaler and light drinker	100.0	26.2	11.1	15.1	21.7	11.1	14.0	27.0	42.4	
Moderate drinker	100.0	22.2	9.7	12.5	21.3	6.9	15.3	34.3	43.7	
Heavy drinker—derelict ..	100.0	33.7	21.6	12.1	17.2	2.6	18.1	28.4	64.1	
20-44	100.0	26.2	7.1	19.1	24.4	19.6	10.7	19.1	27.1	
45-64	100.0	43.8	12.3	31.5	30.1	15.1	11.0	—	28.1	
3. Slightly and not handicapped..	100.0	17.8	4.6	13.2	21.7	21.7	10.5	28.3	25.8	
1. Elderly 65 years and over..	100.0	55.5	32.8	22.7	30.1	8.2	2.0	4.2	59.1	
Teetotaler and light drinker	100.0	30.0	20.0	10.0	25.0	25.0	—	20.0	66.7	
Moderate and heavy drinker	100.0	15.4	15.4	—	30.8	30.7	—	23.1	100.0	
2. Young and mid-age 20-64	100.0	57.2	28.6	28.6	14.3	14.2	—	14.3	50.0	
Teetotaler and light drinker	100.0	57.2	33.6	23.6	30.6	7.0	2.1	3.1	58.7	
Moderate drinker	100.0	64.1	39.4	24.7	23.6	6.6	1.9	3.8	61.5	
Heavy drinker—derelict ..	100.0	53.9	35.5	18.4	35.2	4.4	2.6	3.9	65.9	
20-44	100.0	52.8	26.4	26.4	34.1	9.3	1.9	1.9	50.0	
45-64	100.0	51.9	22.3	29.6	33.0	13.4	1.7	—	43.0	
	100.0	53.8	31.8	22.0	35.6	3.8	2.3	4.5	59.1	

Table XII

Drinking—Disability—Age Classification	Estimated Per Cent of All Men on Skid Row
A. Severely and moderately handicapped*.....	46.6
1. Elderly—65 years of age or older	
Teetotaler and light drinkers.....	9.7
Moderate and heavy drinkers**.....	4.3
2. Young and Middle-aged—20 to 64 years	
Teetotaler and light drinkers.....	12.6
Moderate drinkers	6.8
Heavy drinkers and derelicts	13.2
20-44 years of age.....	4.3
45-64 years of age.....	8.9
B. Slightly and not handicapped.....	53.4
1. Elderly—65 years of age or older	
Teetotaler and light drinkers.....	2.3
Moderate and heavy drinkers**.....	1.2
2. Young and middle-aged—20 to 64 years	
Teetotaler and light drinkers.....	18.5
Moderate drinkers	13.3
Heavy drinkers and derelicts.....	18.1
20-44 years of age.....	10.4
45-64 years of age.....	7.7

*Includes those unable to work.

**Includes alcoholic derelicts.

SECTION 3. ATTITUDES OF SKID ROW RESIDENTS

Table XIII

ATTITUDE TOWARD SKID ROW BY AREA AND RESIDENCE

Attitude toward:	Areas			Residence			
	All	W. Madison	Others	Cubicle Hotels	Hotels with Rooms	Missions	Others
<i>Living on Skid Row</i>	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Likes	20.5	17.5	28.1	20.3	29.5	8.5	—
Neutral or ambivalent.	4.5	4.9	3.3	3.4	6.5	10.6	—
Dislikes	69.8	70.8	67.5	74.9	64.0	80.9	—
No response	5.2	6.8	1.1	1.4	—	—	100.0
<i>Hotels</i>	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Likes	47.3	46.2	50.4	42.6	60.8	68.1	21.4
Dislikes	45.4	46.2	43.1	51.8	32.7	29.8	32.1
Neutral or ambivalent.	7.3	7.6	6.5	5.6	6.5	2.1	46.5
<i>Each Other</i>	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Don't like others	40.3	44.1	30.8	39.7	40.3	44.6	42.8
Noncommittal or ambivalent	26.0	25.4	27.5	25.7	28.0	27.7	17.9
Like others	31.2	27.6	40.3	32.5	29.5	27.7	25.0
No information	2.5	2.9	1.4	2.1	2.2	—	14.3

A Selected Bibliography: Skid Row and Skid Row Problems

INTRODUCTION

In the course of the background research, an extensive review was made of the literature in selected problem areas which might contribute to a better understanding of the homeless man and skid row areas. The following list of materials is not exhaustive. It became clear in studying the works that much of the literature was duplicative or not directly pertinent to the subject of our research efforts. In the fields of gerontology or housing, for example, there is a voluminous body of material which might have been expanded indefinitely if the criterion of relevance to our skid row study were not adhered to. The items appearing on the following pages were selected in the belief that they would contribute directly to understanding the homeless man, as well as stimulate planning efforts toward solving the problems created by the existence of skid row areas.

We wish to acknowledge our indebtedness to the authors of the items listed, as well as to the local agencies and resource persons. Together, these sources generated most of the hypotheses which were explored in the interviews with the homeless men and in other phases of the study.

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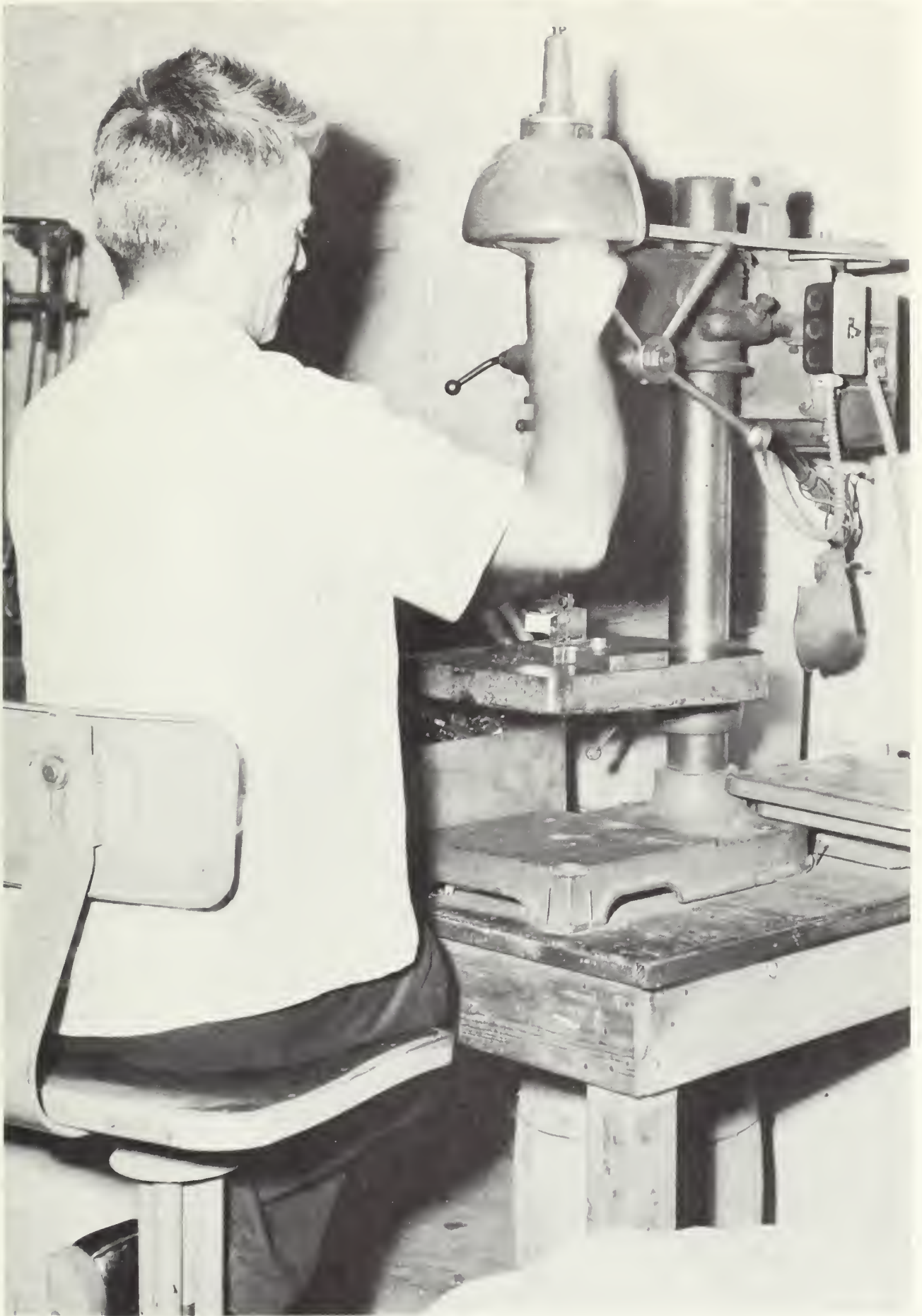


Left: Spring on West Madison Street.

Bottom: The Monroe Street Court is crowded with men arrested on skid row.

Right: New skills, learned at the Industrial Training Shop of the Cook County Department of Public Aid, may lead to a new life of self-sufficiency.





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THE HOMELESS MAN ON SKID ROW CHGO



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